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ADDRESS.

*INTRODUCTORY ADDRESS.**

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AT the outset I acknowledge that I have little inclination to say anything in defense of introductory discourses as a class. The student of the present day has, however, cause for exultation, since the time was when to every branch of the medical curriculum was devoted a preliminary lecture, on as many separate days, by as many different professors, thus encroaching upon the student's time without bringing him adequate return. Unfortunately, there are certain tutors who still introduce their annual course of lectures by one or more able efforts, dealing in grave, though usually vague, generalities, often abounding in rhetorical flourish, but containing the merest allusions to the subjects which they are expected to teach. Many of these opening harangues have been religiously preserved by their authors—not a few for several decades—and, strange to relate, without having undergone any marked changes, either as the result of atmospheric influences or the steady march of scientific advancement. My friends, should not the scientific enlightenment of the present age enable tutors to comprehend fully that all prefatory discourses are not only unnecessary but actually unjust toward the student? Should not the moral rights of the student be respected, and every obligation of good faith on the part of every professoriate be to him assured? We also front the unquestionable fact that the vocation of the teacher is to teach—not merely to theorize or speculate. To serve nobly and faithfully as the friend and educator of the student, the constant effort and aspiration of each professor must be to impart, without delay, knowledge pertaining *strictly* to his own domain. The objections, then, that can be urged against the method of introducing the student to the separate subjects of an extended curriculum by one or more irrelevant lectures are not "merely ideal," since it truly robs the student of valuable time—an affront of such magnitude as to demand that summary justice be inflicted upon all offenders. To give himself to the work of teaching with scrupulous energy is the duty of every professor.

But whether we regard this method of introducing individual branches as criminal or useless merely, meetings such as the present one cannot fail to fill the minds of thoughtful persons with interesting reflections. Indeed, students and teachers should be alike appreciative and grateful to the men who inaugurated this custom, which is capable of yielding satisfaction to all participants save, perhaps, the man who is delivering the introductory address. In the exercise of one duty, however, I have great pleasure, namely, in welcoming you all to this comparatively new, though now well-established, seat of medical teaching. Some of you may have come from distant homes, but whether you have been contributed by States of the North, the Atlantic, Pacific, or the Gulf, or even by other lands than ours, to each one of you I bid thrice welcome.

"To thee and to thy company, I bid
A hearty welcome."

* Delivered at the opening of the Winter Session of the Medico-Chirurgical College of Philadelphia, September 30, 1889.

My colleagues of the Faculty will also be glad to renew those pleasant relations that formerly existed between themselves and the classes of '88 and '89, as well as to receive and welcome most cordially all newcomers. Moreover, every member of this Faculty will, I doubt not, deem it a privilege to assist you, upon request, by their advice and counsel; and if I can to-day, by any precepts that I may utter, send you away better prepared to take up the work that lies before you, I shall be simply satisfying your just claims upon me.

We stand to-day at the entrance to another session, whose scenes and experiences you cannot divine, nor can I—though I have long since faced the ordeal—pass them in review for your benefit. I trust, however, that I may be able to lay down certain guiding principles that will aid you in winning the battle; may tell you something that will serve "to keep hope alive to the end" of your college days. That you should at the outset expect help and counsel from your Faculty appears to me but natural. On the other hand, it should be borne in mind that "he who will not be counselled cannot be helped."

In our relation to you as teachers we do not assume the right of questioning the use you make of your time and talents so long as you are prepared to meet your various examinations; but there are two leading factors to be borne steadily in mind, if you would be reasonably sure of obtaining the much-coveted sheepskin, namely, the observance of right habits of study and the proper care of the body. At the beginning of his course the student should make a resolute effort to pursue a regular method of study during his college years. To the student at the present day time is indeed precious; and he should strive to utilize, for some good and wholesome purpose, every moment. According to high sanitary authority, of the whole twenty-four hours eight should be devoted to active work, eight to sleep, and the remainder to diversion and healthful exercise. The curriculum demands from six to eight hours of your time daily; and this it is expected you will supplement by reading of text-books, recitations, etc.; hence, it will be necessary to meet the claims of your studies, to give a considerable portion of the time normally assigned to diversion of each day to the performance of your arduous labors. For, bear in mind that you should not attempt to get along on less sleep than an average of eight hours daily. During your busy college days, then, you will apply ten hours to toil, eight hours to sleep, and the remaining six to physical needs. I desire to lay especial emphasis upon the fact that no medical student can afford to be systematically neglectful of the ordinary essentials of sound bodily health. The brightest students, the young men who give every promise of being one day the prop and mainstay of our glorious profession, too frequently fall by the wayside in consequence of their failure to pay adequate attention to the requirements of the body. I have neither the time nor the inclination to discuss the question of overwork, with its pernicious influences upon human health; but I desire to impress upon your minds this double fact: the importance of setting apart not less than four hours of each day to be exclusively devoted to mental relaxation and physical exercise, and the importance of an abiding faith on your part in the value of muscular exercise, which faith will make that diversion pleasant rather than irksome. In general, daily recreation must be adapted to the occupation one is following. The medical student requires, first and foremost, muscular exercise; one-half hour daily for gymnastics and one hour for a constitutional walk should be the invariable rule. Should the daily walk at times prove too humdrum, this hour may be spent in some one of the more active sports. Thus, by exercising the muscular system, the nervous system will get that refreshment which, I contend, is indispensably necessary. You will also find mental diversion in the reading of light literature, and in social intercourse, which, however, should be carefully limited. Speaking of the effects of healthy recreation, a high authority tells us: "It renovates the exhausted energies, and fits them to resume their work in the most appropriate way and with the least expenditure of time." But though you will be living at a speed mentally that you cannot maintain without risk of impairing seriously physical health, unless you relieve mental tension in the manner already indicated, I do not wish to be understood as favoring, in the slightest degree, anything which savors of the useless expenditure of time, of dissipation, or, above all, of immorality. Says Boyle: "Self-denial is a sort of holy association with God." Let this solemn truth be constantly kept before

your eyes, so that none of you may fall a prey to those alluring forces which deprave character and frequently cause loathsome physical disease. Gentlemen, it is essential, in order to attain the highest degree of success, that a physician's life and conversation should conform to the moral law, and to this end it is equally necessary that the foundation walls of the moral side of his nature be laid in his college years.

In view of the fact that the field of medical knowledge is rapidly widening its border lines, and with a view to lessening the nervous tension to which the student of to-day is subjected, I would advise as many of you as may feel enabled to do so to adopt the graded four-session course. While this plan is recommended in the last catalogue, I trust that the authorities of the Medico Chirurgical College will never rest satisfied until a graded four-year curriculum will have been made obligatory. This step would, I confidently believe, be one of those determining factors that would greatly strengthen the reputation and the status of any medical college. The Harvard Medical School is the only one that requires a graded four-year course for graduation; but the authorities who will found an additional institution of this character will accomplish much in the direction of promoting higher medical education. Since, as before intimated, the field of medical science is remarkably extensive, it behooves teachers to caution students at the outset against pursuing any single branch of study, to which their fancy may lead them, to the neglect of some or all of the rest; for, should you become ever so well versed in any particular branch alone, you would not make successful practitioners, or even successful specialists. Not a few of the affections met with by the specialist are merely the local manifestations of a general disorder; hence, in order to connect cause and effect, in every instance, as wide a knowledge as possible of general medicine is obviously essential. You shall be spared a long discourse on the subject of specialism; but I cannot dismiss the theme without advising against drifting into a specialty immediately after graduation—a course that inevitably leads to a condition of wretched narrow-mindedness. This is, unfortunately, the most marked tendency as well as the greatest evil of modern specialism. I plead for specialists; but from college to the position of the intrenched specialist should be a long step forward, and to gain it should demand close application to the study of general medicine, more particularly general pathology, hygiene, and general therapeutics. He should then use this general knowledge in the examination and treatment of his patients. All this is to be regarded as the essential preliminary training of the specialist. Additionally, he must receive special drilling in the particular domain which he adopts. If added testimony were needed to establish the fact that specialists are a necessity in our day and generation, we might refer, did time permit, to the more favorable results obtained by their treatment of disease both in hospital and private practice. A final point to be made in this connection is, that no physician engaged in general practice can keep up with the progress made in the various special departments of medicine and surgery.

As you approach the end of the session you are likely to become the victims of a strange endemic affection. The most distinctively peculiar features of this complaint are that it affects students who expect soon to be examined, and, secondly, it attains its fullest development and greatest prevalence on the first day of the final examination. I have elsewhere given the following brief account of it, based on personal experience. The complaint is characterized by great pallor of countenance, palpitation of the heart, loss of appetite, disturbed sleep, increased flow of urine, and a state of the nervous system which might be called *quaky*. In no instance has the affection proved fatal, though during the attack the most awful forebodings are constant concomitants. The method of termination of the cases, seen during the endemic before alluded to, was as curious as it was variable, in that, after the terrible ordeal was passed, those who were not invited to a seat in the "bus" immediately recovered; while those who were favored by a summons to the time-honored "shay" at once developed a relapse.

In this connection I desire to caution you against the practice that has from time immemorial prevailed among students preparing for examination, to wit, using tea and coffee in excess with a view to obtaining their physiological effects, which are wakefulness and stimulation of the mental faculties. In the vast majority of instances in which this custom has been followed it has led to bitter disappoint-

ment, and, in a few cases that have come under my own observation, to actual physical bankruptcy.

To all of my hearers who have decided to read medicine and practice the healing art, I would state, you have made choice of a high and noble calling, and one that you will not wish to change for another, more particularly after you shall have distinguished yourselves as able practitioners—not as would-be scientific confectioners.

Bear in mind, if you please, that a three years' graded curriculum, with many prizes and honors to compete for, makes it possible for you to become, before you enter the portals of the medical peofession, the recipients of quite honorable distinctions, which will in reality prove to be no mean aids when making subsequent efforts to advance yourselves to positions of prominence in the profession. Aim then at distinction. It sometimes happens, I grant you, that a laudable ambition is crossed by disappointments, but nothing can prevent ultimate victory if you will persistently aim your purposes in the direction of any high mark. Your three, brief college years are a more important and interesting epoch in your lives than may at first sight appear. The vast majority of the men of science and of note in medicine first felt the influence of the spirit of diligent observation and investigation during college life. And in that same period was already established the habit of study and experimental research that, by and by, "makes the most difficult things easy." The tendency to make original observations with ardor is steadily increasing among the younger race of physicians—a natural corollary when we remember how much more favorable to this line of work are the advantages and facilities offered by our colleges at the present day than formerly, in the direction of improved practical and experimental methods. The encouragement and sympathy that you will receive at the hands of your tutors and laboratory instructors will, I trust, furnish the needful stimulus to further and continued scientific investigation after graduation. It may not be without interest to you to learn that to the sum total of progress made in the last two decades in the discovery of new truths, as bearing upon medicine, the original work of the undergraduate has furnished no widow's mite. I shall not, however, discuss further the rapid advances that have been, in recent years, and still are being, made in rational medicine, since you will learn much on this head from your college studies. But I shall dwell for a few brief moments on the reforms in the methods of medical instruction that have in recent times been brought about; and more particularly to attempt to indicate what further reforms would be most desirable.

I shall ask you to use your fancy and go back with me to my own student days, commencing with the session of 1875–76, while I relate briefly something about the status of medical teaching of that time. No graded curriculum was then obligatory. The student was engaged in the task of storing his memory with facts upon facts to the utter neglect of principles. Almost exclusively the teaching was didactic. There was a well-equipped chemical laboratory in the school, but a course of training therein meant a considerable outlay; besides, the course was not obligatory. The institution also afforded a pathological laboratory, in which normal and pathological histology were superficially taught, for an extra fee; but this course was also not compulsory. On the other hand, a pharmaceutical laboratory was a thing unheard of. Again, under the old system of instruction the student had but a single examination for which to prepare; and a knowledge of this fact led many to "waste the idle hours" during the first session. During the last year, however, and more particularly the latter half of this course, they began to be anxious and, like

> Old Daddy Long-legs, couldn't say his grammar,
> Put him to the tread-mill, then to the crammer,

they, too, went in quest of crammers, on whom they relied to prepare them for the final examination. The better class of students were coached by the ubiquitous crammer from the beginning to the end of their college course. Worse than all, the student was put through the grinding process conditionally, the condition being a handsome pecuniary consideration; hence it follows that many students were not in a position to take advantage of the various quizzes to aid them in passing the severe trial.

There were still other defects which I will not detain you to mention, but would ask you to contrast the educational facilities of those comparatively recent times with those of the best-equipped colleges of the present day;

and you will agree with me when I assert that the past twelve years mark an important era in the history of medical education. But, whilst we are tending toward perfection, there are still some things that need to be accomplished —some reformations to be introduced. In other words, this epoch of reform and agitation is not as yet a thing of the past.

The replacing of the ordinary quiz by recitations—a method already in vogue in a few medical schools—would be a most important improvement in medical instruction. It is universally regarded as desirable for the student to rehearse the didactic lectures, and, if this be true, to promote this end must constitute a responsibility on the part of our college authorities to the student. This granted, every professor should be held accountable for the manner in which the recitations are conducted in his own branch. With the beginning of the present session, this school has decided to adopt the plan of going over the whole ground covered by the didactic lectures, by recitations under competent instructors,—a course that cannot fail of being directly helpful to every matriculate. Moreover, the step was taken entirely in the interest of the student. In a recent issue of the Times and Register it was editorially advocated to substitute, for the system of teaching by lectures, lessons and recitations. Whilst I am inclined to affirm superior advantages in behalf of the recitation method, I am not prepared to sanction the radical rearrangement of the present order of things to the extent pleaded for by my colleague, the able editor of the Times and Register.

As before stated, the non-graded curriculum effected an overburdening of the memory, whilst at the same time the whole tendency of that system was to prevent the student from gaining a thorough acquaintance with the subjects taught. Under the most approved system of the present day it is not so much a question of the mere memorizing of facts, as formerly, but the result still is, I fear, too frequently mental overcharge, with its evil consequences both to the mind and body. It might pertinently be asked, What are the causes of these untoward results? To this it may be replied briefly, very largely our present modes of life, and particularly the overstimulated condition of the desires, the emotions, passions, and appetites of the present race. It follows that the methods of teaching in our educational institutions need to be so modified as to favor, in the highest degree, the maintenance of a healthy condition of the student's mind; for, be it remembered, an unsound mind implies impaired physical health, the one going hand in hand with the other. And this is not a question demanding the attention merely of sanitarians, but of all bodies governing schools as well.

One of the most objectionable remnants of the old system of medical education is that of preparatory pupilage, during which period the beginner usually pursued an unsystematic course of reading advanced text-books, and was brought in contact with and observed the treatment of the more ordinary forms of disease. Truly, this plan is practical, but fails of its object because the pupil is not prepared to appreciate what is brought to his attention. Such a course of training in practical subjects should follow some time after rather than precede his entrance into college. And, although the time spent by the student in gaining practical knowledge prior to entering upon his more elaborate studies may not be entirely lost, it has been pertinently remarked by the British authorities, who vigorously oppose the system of preliminary pupilage: "It misleads the learner into superficiality because it accustoms him to skim the reality of things, since knowledge and intelligence fail to enable him to reach the bottom. Moreover, the results obtained scarcely repay the sacrifice of time and trouble which they occasion the physician who acts as teacher, and still less justify the inconveniences in the treatment of disease which they bring in their train."*

Instead of devoting one or more years before matriculating to practical studies, for the comprehension of which he lacks scientific attainments, let the student give an equal period of time to similar work under the direct influence of an able practitioner immediately after graduation, and the results will bear the fruit which every progressive physician desires to see ripen. The so-called resident physician in our first-class hospitals, dispensaries, and infirmaries has the opportunity to gain practical knowledge and experience, which are truly invaluable, whereas an apprenticeship in institutions such as these before entering college would doubtless prove altogether unsatisfactory.

Within the last decade there has been started a general movement in the direction of reform

* Times and Register, August 31, 1889.

in the modes of teaching hygiene. Every medical college should, to my mind, afford a chair of hygiene and a well-equipped hygienic laboratory. Every State should require those who desire to practice medicine within its borders to have passed an examination in hygiene at one of the few medical colleges in which this branch has been made obligatory, or, in the event of not having been graduated from such an institution, to show a special certificate of fitness obtained from the proper authorities. This qualification has already been exacted by legislative enactment in one or two of our Western States. In his eloquent address before the Fortieth Annual Meeting of the American Medical Association Sir James Grant said: "In the various medical institutions in this country, as well as in Canada, the subject of sanitary science is receiving the most careful consideration, and very justly so, inasmuch as it pertains most closely to the welfare of society at large." Now, whilst we recognize the fact that many of our most illustrious medical teachers are standing at the head of the whole modern movement of preventive medicine, the truth is that but a small proportion of the schools in America—now numbering one hundred and four—have as yet invested the subject with sufficient dignity to establish for it a full and separate chair. Of the three institutions of medical learning in Philadelphia the Medico-Chirurgical College was the first to elevate this study to its proper rank. Let it be observed that any school whose obligatory curriculum does not embrace a full course in sanitary science, including preventive medicine, is either not alive to the most progressive views of the profession at large, or does willfully deal unfairly by its own graduates. Sir John Locke stated long since that half of all human diseases was preventable, and this will be doubtless found to be true when our knowledge of the causative agents of human ills, more particularly those that are infectious, becomes more nearly perfect. Now, I contend that it is no less a moral duty for the medical man to obviate disease—especially to prevent the spread of the infectious class, when it is possible—than it is for him to apply the means at command for the relief of existing ailments, even though it doesn't pay. Thus wrote a celebrated surgeon of our noble profession: "We live by disease, and yet, with a genuine altruism which cannot be overpraised, we are in the fore-front of those who would destroy our means of support by pointing out the path to the preservation of health." And this is as it should be. Moreover, hygienic questions are not only of the deepest concern to the whole medical profession, but to all humanity as well, and the general public is rapidly awakening to an appreciation of this fact. Hence, every medical practitioner will, in the near future, be frequently called upon to advise in regard to and settle sanitary questions of the greatest moment.

One of the most welcome signs of modern medical education is seen in the inclination to elevate clinical instruction and practical technology to a level with didactic instruction. This fact supplies the best reason for affirming that the advantages for obtaining a medical education are to-day quite as good in this country as in the older schools of Continental Europe. No man is better prepared from personal observation to speak authoritatively upon this question than Dr. N. Senn, who is made to say: "There is no question in my mind that the average American student learns more in one month than the average German student in three. He learns more not because he has better teachers or better facilities, but he makes better use of his time."* Surely this is a graceful compliment to the American student.

In this connection it might be pertinent to call attention to the fact that, in comparison with the journals of European countries, those of our own land occupy a place equally high. This dictum is confirmed by my colleague, Prof. Wm. H. Pancoast, who has recently gone so far as to say that he had "much reason to praise our own journals and criticise those of foreign lands." In short, the medical literature in general of our own growing country is second to that of no other. It may not be coextensive with that of the older countries, but is certainly quite as rich in important discoveries—discoveries which have contributed so much to the cure of human diseases and the preservation of health. I shall not follow this departure from the main topic of my discourse any further, and shall therefore dismiss the subject, not, however, without expressing the belief that, in medical journalism, in medical literature, and in the equipment of medical colleges, America will at no distant day outstrip her

* President Dawson's address before the Fortieth Annual Meeting of the American Medical Association.

mother-country and perhaps all other nations as well.

But though clinical instruction has come to occupy the high ground it so richly deserves in American medical institutions, this is not the case with bedside observation, which should supplement the clinic in every branch of practical medicine. In the various specialties this ward-training need not be carried so far as in general medicine and surgery, in which branches a thorough course of practical instruction at the bedside, in such subjects as physical examination, symptomatology, diagnosis, treatment, surgical appliances and dressings, setting of fractures and minor operations, is needed to properly qualify the student for his life-work. This bedside training is the weakest spot in the curriculum of most medical colleges, though of prime importance, there being but a few that have made any provision of this sort whatever. It follows from all this that among the essentials of a well-equipped medical school nothing is more important than ample clinical material.

It affords me great pleasure to say to you that with the present session this form of practical instruction will be introduced and carried out in this school, and, since the authorities believe it to be one of the requisites of a sound medical education, it shall be made as interesting and thorough as possible. Clinical as well as bedside training should not, however, begin until the student has reached his junior year. Then, also, the junior and senior classes should be taught in sections of about twelve each. Knowledge thus gained becomes, as it were, a part of the student who acquires it, and is of the sort for which one day he will have constant need. Comparatively few men have attained to proficiency as diagnosticians as the result of their own efforts.

Changes in the present method of conducting the final examinations in American schools, particularly in the practical branches, is a question which seems to demand the attention of the college authorities. Besides the usual written and oral examination, the student should be required, in anatomy, to present a practical dissection; in surgery, to dress a fracture or wound, give practical evidence of his ability to diagnose a tumor, or should perform a minor surgical operation; in medicine, to diagnose some disease in the living subject and outline the treatment to be given, and a similar examination should be held in the various other specialties.

My friends, if there ever was a question as to the great value to the student of laboratory work and investigation, it has certainly, during the past decade, been set at rest. Fortunately for medical science, the present race of physicians does not rest satisfied with mere assertions, but demands that these shall be backed by proof not to be doubted. Now, the various laboratories connected with our medical colleges —and there should be a well-equipped laboratory for each of the following branches, namely, pathology, histology, pharmacy, chemistry, bacteriology, hygiene, physiology, embryology, and experimental therapeutics—the laboratories, I say, are the crucibles out of which are furnished the reliable data which contribute most largely to our stock of positive knowledge. All of these laboratories are to be made directly helpful to the student by those in charge, and, above all, he should be allowed access to them whenever desirous of gaining information relating to special subjects. Indeed, I have a strong conviction that in the near future not personal estimate nor personal popularity of the several members of any faculty will be the chief criterion of a first-class medical college (though these things will always have due weight), but rather the character and extent of the facilities offered for practical laboratory studies and clinical instruction, in connection with appropriate didactic teaching. If, as before intimated, something were done to encourage laboratory investigation among undergraduates it would prove to be an important step in the direction of attaining to a higher medical education. Speaking with reference to the wants of our American people to-day in the line of a higher education, Bishop Potter, in a recent issue of the Forum, states: "Surely the time has come when we may ask ourselves whether enough has not been spent in planting institutions of learning, and whether something may not be devoted to enriching them. . . . . We want place for men who, whether as fellows or lecturers, shall, in connection with our universities, be free to pursue original investigation, and to give themselves to profound study, untrammeled by the petty cares, the irksome round, the small anxieties, which are sooner or later the death of aspiration and fatal obstacles to inspiration. It is with the process of thought as it is with the process of nature—crystalliza-

tion demands stillness, equanimity, repose; and so the great truths which are to be the seed of forces which shall new create our civilization must have a chance, first of all, to reveal themselves." Truly, it would be a good thing for our medical schools to establish places through liberal endowments for men who are peculiarly fitted to make the advancement of science their sole occupation. Nothing is more honorable or praiseworthy than for a man to devote all his faculties to the acquisition of new scientific truths, "to one great and honored end," upheld and incited by every successful experiment or bright anticipations of fresh achievements.

May it be given to some of you to pursue with single-hearted desire a life of devotion to the undiscovered mysteries of nature,—a life that should not only make you true benfactors of your kind, but the results of your labors should one day constitute one of the chiefest glories of this your alma mater.

ORIGINAL COMMUNICATIONS.

*NOTES ON HOANG-NAN IN DISEASES OF THE SKIN.**

By JOHN V. SHOEMAKER, A.M., M.D.,
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HOANG-NAN is the native name of a plant which has been classified as *Strychnos gautheriana*. It is a climber, and belongs to the natural order *Loganiaceæ*. It rises unsupported upon a slender stem to a considerable height, when it winds around the branches of tall trees. Its stem is gray, and i s leaves dark green. On account of a resemblance to the *Convolvuli* it is also known as tropical bindweed. Its specific title is in honor of the Roman Catholic missionary, M. Gauthier, by whom, in 1874, it was introduced to the notice of French physicians. Its habitat is the mountainous districts of Laos, Anam, Tonquin, and Cambodia. It has been enthusiastically heralded as a remarkable remedy in leprosy, rabies, snake-bite, and fever. I have been engaged for some years in a study of its therapeutic virtues, and regret to say that my experience does not enable me to indorse the extravagant eulogies of some of its advocates. More recently, also, laudatory articles have appeared in the British Medical Journal and other periodicals, both domestic and foreign, with the tenor of which I am unable to concur. Nevertheless, the article has a wide sphere of applicability, and is a valuable addition to our resources.

Belonging to the genus *Strychnos*, its bark, which is the portion used, contains the alkaloids strychnine and brucine, the latter in larger proportion. Allied thus botanically and chemically, its medicinal action bears a close resemblance to that of strychnos nux vomica. In small doses it quickens and invigorates the heart, accelerates and deepens the respiration, stimulates secretion, and, consequently, promotes the nutrition of the organism. Experiments† upon frogs, rabbits, and dogs show that in moderately large doses it produces clonic, succeeded by tonic, convulsions. In excessive doses it causes a rapid and considerable decline of arterial pressure, powerful tetanic spasms, death occurring from respiratory failure, and probably due to exhaustion of the respiratory centre. The heart continues to act, in warm-blooded animals, for a few minutes after respiration has entirely ceased.

In its home it is used in pill form, made up with realgar and alum. In this country a fluid extract and a tincture have been prepared. I have usually depended upon the fluid extract, giving it in doses of from 5 to 30 drops in water three times a day. It is best given just before meals. It is promptly absorbed, and is eliminated principally by the kidneys and the bowels, though I believe that the skin also assists in its removal. It increases intestinal secretion and peristalsis, and has, therefore, a laxative effect. As it sharpens the appetite and improves digestion it beneficially influences nutritive processes. From among the diverse pathological states in which it may be advantageously prescribed I have selected for consideration before this Section those which concern the dermatologist.

I have adverted to its influence upon the glands of the skin. This consists in a stimulant, corroborant, or alterative action upon the cutaneous glandular systems, both perspiratory and sebaceous, but more particularly the latter. By accelerating the circulation and by commu-

*Read before the Section on Dermatology, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

† The preparations of hoang-nan, employed in the experiments made clinically and physiologically, were furnished the writer by Park, Davis & Co., of Detroit.

nicating increased tone to the muscular fibres surrounding the gland-ducts it encourages healthy secretion. Accordingly, I have observed that it exerts a corrective power upon both the quantity and the quality of the secretions, increasing those fluids when they are repressed and checking them when excessive. This property which hoang-nan possesses renders it a valuable agent in the treatment of disordered secretion. I have witnessed marked improvement follow its use in seborrhœa. As this malady interferes with the growth of the hair, any measure which cuts short its progress obviates a tendency to baldness. In alopecia, likewise, hoang-nan has proved very serviceable in my hands. In hyperidrosis it is no less beneficial for the same reasons. In anidrosis it will often restore the functions of the glands, and in bromidrosis will efficiently assist the action of the local measures employed. Some obscure defect of nervous energy often lies at the foundation of these functional troubles. A substance, therefore, like hoang-nan, which combines tonic and alterative properties, is eminently calculated to prove of service. In acne its corrective influence is often able to effect very happy changes in the morbid process. It softens the sebaceous plug and favors its discharge, and, in consequence, the subsidence of the resulting folliculitis or perifolliculitis. In sycosis, also, which so often depends upon obvious nutritive failures, this drug has manifested an excellent remedial quality. I have seen marked improvement take place in eczema pustulosum from the administration of hoang-nan. As this form of the disease is very prone to occur in ill-nourished subjects, a remedy which promotes constructive metamorphosis is especially indicated. Amelioration was particularly observed in cases attacking parts of the body abundantly supplied with sebaceous glands. The inflammatory process has been abridged in furunculus by the timely use of hoang-nan. I have observed good results likewise from its use in carbunculus. Individual cases of purpura differ so widely in etiology that a wise selection of curative agents is extremely desirable. I have met with success in some cases of this affection treated by means of hoang-nan to the exclusion of every other remedy, so that the improvement could be ascribed to it alone, aided only by proper dietetic and hygienic measures. I have made trial of it in erysipelas, but am unable to report any decided results. It did not appear to be as effective as iron and quinine or pilocarpin.

Leprosy is a disease which, in this part of the world, the physician is not often called upon to treat. In one case, however, which was under my care, I kept the patient upon hoang-nan continuously for three months. My experience failed to corroborate the very glowing statements which have been made as to its value in this affection. Some gain in the constitutional condition may have resulted, but I cannot say that I was able to satisfy myself that the slightest effect was produced upon the local lesions.

Speaking broadly, all conditions of the skin —and they are many—which are either produced or are attended by digestive failure, an exhausted state of the nervo-muscular system, or the imperfect function of glandular organs, may be benefited by administering hoang-nan. In this category I would place lichen planus, lichen scrofulosus, erythema nodosum, herpes zoster, pemphigus and ecthyma.

Chronic ulcers are often very notably improved by the administration of hoang-nan. The circulation of the diseased tissue is quickened, the lymphatics stimulated, and the granulations take on healthy reparative action. While this remark applies to those ulcers which have assumed a chronic form owing to unhygienic surroundings, filth, cold, hunger or dissipation, I have had no reason to believe that hoang nan is at all more efficacious in open cancer than the numerous other remedies which have been tried and found wanting. But in scrofula it has yielded very excellent results. Eczema as it occurs in scrofulous children has often been improved by a resort to the subject of this paper. It is, however, in the chronic adenitis characteristic of the disorder and in the ulcers left after the complete degeneration and evacuation of glands that I have especially seen the most favorable influence exerted. In syphilitic lesions likewise I have quite often availed myself of the tonic properties of the drug with satisfaction to myself and advantage to my patients. As we all know, there are epochs in the progress of syphilis when the impoverished blood, enfeebled appetite and digestion, inactive liver and swollén spleen—in brief, profound deterioration of systemic nutrition—call imperatively for relief and suggest an addition to or even an entire suspension of routine antisyphilitic medication. The fact,

as I have said, is sufficiently well recognized, and yet it appears to be too often overlooked or neglected in actual practice. Marked constitutional depression due to the disease may be observed at all stages, but is more common in the later. The initial sclerosis, however, may take on unhealthy inflammation attended by severe constitutional reaction. The stomach becomes rebellious, the digestion much enfeebled, the liver inactive, the bowels capricious. In this state of affairs the exhibition of mercury or iodine will frequently prove prejudicial. Either will aggravate the digestive distress, act as a local irritant and seem a poison rather than an antidote. The same process, manifested by the same general disturbances, may show itself in the primary adenopathy. The later cutaneous lesions of the secondary stage, the development of gummy tumors and invasion of the viscera during the tertiary period may also, not seldom, be productive of a general condition in which, for a time, specific treatment will be of no avail or even work mischief. The later exceptions, also, often occur in conjunction with a general depraved condition of fluids and solids. The scaly syphiloderm, the pustular, the ulcerated tubercle, syphilitic ecthyma, rupia, extensive ulcerations of mucous membrane; each and all of these phases may necessitate the resort to tonic measures and the partial or complete suspension of specific remedies. When, under a tonic regimen, an appetite has returned, when the stomach has regained its power, the bowels and the kidneys act with regularity, when the liver has become capable of performing its functions, the specific drugs may be resumed with advantage. It is needless to dwell upon the circumstance that these unamenable cases usually develop in such persons as have abused their vital resources by sexual excess, intemperance, continuous feverish anxiety regarding business matters, and the many other ways in which modern men "burn the candle at both ends." When it is judicious to do away with mercurials and iodides I have found much satisfaction in the employment of hoang-nan. It may be used alone or combined with iron and quinine or, if need be, cod-liver oil. This tonic treatment of syphilis is, I believe, too much neglected. I have not the slightest intention of detracting from the value and the necessity, in the vast majority of cases, of the approved mercurial or mixed plan of treatment, yet I am firmly convinced that there are times when this plan is harmful instead of beneficial, and to recognize such periods in the progress of the affection is no less necessary than to make the diagnosis that the disease is actually present. In fact, the recognition when to vary the specific by a tonic course is a sound evidence of the physician's power of discrimination.

REPORT OF TWO CASES OF FRACTURES OF THE SKULL AND ONE OF A MONSTROSITY.

By T. A. McNAMARA, M.D.,
CORNING, N. Y.

CASE 1. June 21, 1889, Lewis R., aged sixteen years, a machinist, while engaged in turning the crank on a derrick-car allowed the crank to slip off from its shoulder, precipitating him about six feet upon a pile of railroad iron, which he struck head foremost, sustaining, besides an ugly flesh-wound upon the frontal eminence of right side of forehead, a serious fracture, with depression and perforation underneath. The perforation took a downward and backward direction, exposing the membranes and allowing on every pulsation a copious flow of arterial blood to escape. Dr. May was called in consultation immediately, but owing to the dim light afforded at the late hour of the day at which the accident occurred operative action was deferred until daylight.

June 22d, patient shows no sign of unconsciousness nor complains of any severe pain, notwithstanding his pulse has increased to 120 and temperature stands at 102°, having reached these points within fifteen hours after receiving injury.

After associating Drs. Kendall and Mills also in consultation, trephining was determined upon as the only remedy capable of averting the threatening danger, which line of treatment was proceeded upon at once. A half disk was removed from the bone adjacent the depressed portion, the elevator inserted, and the depressed part, having a surface equal to that of a common penny, together with eight small, sharp spiculæ of bone, turned out. Antiseptic precautions were taken in closing the wound, and thorough drainage established. The febrile symptoms developed during the night immediately disappeared after the operation to appear no more. July 9th, patient discharged. July 20th, patient returned to his usual occupation apparently none the worse for his injury.

Case 2. July 28, 1889, Wm. O'N., aged twenty-three years, a glass-cutter, while attempting to board a rapidly passing freight train slipped his hold and was hurled forcibly against the next car, sustaining, besides a severe scalp-wound on back of head, a fracture of the skull over right frontal eminence similar in location to that of Case 1, but far more serious; also a compound comminuted fracture of the zygomatic arch of temporal bone. Patient was unconscious from the time of receiving the injury until the removal of depressed bones and spiculæ, which, with the assistance of Dr. Argue, was effected by trephine elevator and a pair of tooth-forceps. The membranes were seriously lacerated, and considerable gray matter flowed from the wound down over side of face after the depressed and impacted bones were removed. Washing out wound carefully with an antiseptic solution, one to two thousand, and with due consideration for drainage, the wound was closed.

After the effects of the ether, which was administered while operating, had disappeared, the patient began to roll and tumble in the bed, becoming partially unmanageable, and wanted to fight. July 29th, patient recognizes friends, but at times is delirious. July 30th, more rational, asks for drink, etc. July 31st, perfectly conscious, talks coherently, and complains of soreness of head and body. August 1st, patient doing well, talks, laughs, and realizes he has been seriously injured, but does not recall the accident nor his attempt to board the train; bowels moved by suppository; patient refuses to use bed-pan and sits upon chamber on floor. August 2d, patient still convalescing; got up, dressed, and went out to water-closet, notwithstanding nurse tried to persuade him to the contrary. August 6th, removed sutures from wound, and on August 8th ligature from temporal artery, which was severed at time of accident. August 13th, wound apparently healed; patient mentally clear as ever, and able to be out of doors and about town all day. Neither immediately after the accident nor during the reparative process up to the present has the patient developed any symptoms of fever, his pulse from the first being full, slow, round, compressible, and regular, probably somewhat influenced in the first few days by the one-eighth grain morph. sulph. administered every four hours, or the temporary pressure on the brain from the depressed bones. It is useless to say the result is different from what our prognosis, owing to the disturbance of and injury to the gray matter of the brain, would have it, and goes to show, like even more serious cases of brain-lesions on record, how seriously the brain may be injured and still not destroy life; also the inestimable value of surgical interference in injuries of this kind, together with the importance of such an instrument as a trephine.

Case 3. More interesting, probably, from an obstetrical than surgical stand-point, on account of the infrequency of such anomalies. Was called July 30, 1889, to attend Mrs. B., æt. 24; primipara in confinement; found os irregularly dilated to what would equal size of silver half-dollar; sack ruptured, and one foot presenting. Six A.M., pains strong; os dilated to size of silver dollar, and two feet presenting. Eight A M., pains regular and strong; os dilated to size of bottom of teacup, with three feet presenting; tried to replace third foot back in uterus by gently pressing it above first presenting pair, but unable to do so on account of the insufficient dilatability of the os. Nine A.M., four feet presenting; os thoroughly dilated. Taking the first presenting pair in the left hand, and holding firmly, I grasped the second pair of feet with right hand, and gently pressed them back above the brim of the pelvis, and expected, by traction, to deliver the first-presenting child, which was still alive, without a great deal of difficulty; but here I was baffled, and, after repeated trials of replacing second pair and making traction on the first with no success, I thought the lock might be broken by returning the first child to the cavity of the womb and bringing down the second. With but little difficulty this was accomplished, but my success in overcoming the impediment was no better, being able to deliver either child to the breech, but no farther, no matter what traction was exerted.

Finding all my efforts futile in relieving the woman, I called to my assistance Drs. Kendall and Argue, and after anæsthetizing patient inserted my hand into cavity of the uterus, and carefully outlined each child in my exploration as I proceeded in the direction of the heads. Until I had reached the thoracic region in my examination I had two distinct and independent female children to deal with, but here they merged into one trunk, the costal cartilage

of the right side of the one uniting with the costal cartilage of the left side of the other, as they lay face to face, forming, as it were, a connecting tube, or uniting the two thoracic cavities into one, in which were situated the lungs, livers, and hearts of both children. The arms of each child seemed around the neck of the other, and easily assumed that position after delivery. After making this discovery, and calling my associates to verify my diagnosis, but one line of treatment could be entertained which would insure the safety of the mother, and, as the cord had ceased to pulsate owing to traction, etc., made in our efforts to deliver before discovering the monstrosity, that line was adopted. To separate the connecting link which bound the children together was more easily said than done. Several different kinds of crushing, sawing, and cutting instruments being tried but ineffectually, finally the blunt hook or handle of a "White's obstetric forceps" was introduced, hooked over the point of union, and, by constant traction on the blade, with index finger of left hand on blunt point of hook, a division was effected, not however without tearing from one child the ribs of one side from their facets. After the division was accomplished, the head of child presenting was brought down to the brim, and by the use of forceps finally delivered. The second child was delivered feet first, with some little difficulty, and so large was the thoracic circumference, owing to the unequal division by the blunt hook, the perineum was completely lacerated, the tear extending about one and one-half inches into the rectum. After delivery the hot-water douche was thoroughly used, and five stitches inserted into the perineum and bowel, drawing the parts into close apposition and left to heal. A solution, one to two thousand bichloride hydrarg., was used every two hours until third day, after which time this frequency of its use was discontinued to longer intervals.

On the seventh day a copious evacuation, somewhat cybalous, followed a rectal injection, doing little or no damage to the union which had up to this time taken place in the lacerated perineum and bowel.

August 7th, removed all the sutures; patient had free, natural, and painless movement of bowel, and feels like sitting up.

August 11th, patient eats and sleeps well; antiseptic solution used but once per day.

August 14th, patient no longer considers herself an invalid and discharged; perineum quite satisfactorily united, except superficially along the line of the tear, and partially into sphincter ani, which defects may be easily remedied at any time if patient so desires.

It is proper to state that the average weight of each child was about seven pounds; also that up to the sixth day after delivery the urine was drawn off twice per day with catheter to avoid irritation both to internal pelvic organs and the raw, coapted parts of the perineum. An eighth grain morph. sulph. pill was administered every three or four hours until the seventh day after delivery, and, aside from the febrile symptoms developed during the functional establishment of the mammary glands, there was little or none to speak of, never, however, rising above 101° F., and that on the second and third day after confinement.

LARYNGEAL FATIGUE.

By ISAAC BARTON, M.D.,
Laryngologist Medico-Chirurgical Hospital, Philadelphia.

BY this we mean an exhausted condition of the laryngeal muscles, which may be temporary or more or less permanent, and presents itself only in a certain series of cases. It certainly has not been given the attention it deserves, and is far more frequent than we have any idea of. The individuals who suffer from laryngeal fatigue are nearly all professional singers, or, at least, those who make constant use of the voice, such as preachers, public speakers, auctioneers, etc. The professional singer will complain of a huskiness of only certain notes in his or her compass, and these notes are usually grouped together. For instance, if our patient should be a tenor-singer, he will most likely complain of a huskiness of the notes B, C, and C-sharp while singing. If the patient should be of soprano voice, she will probably complain of the trouble being about the notes D, D-sharp, and E. The notes complained of are usually in the upper third of the compass of the vocalist, the alto and bass voices being affected correspondingly as the soprano and tenor voices are. These notes are usually two or three in number, but some will complain of only having one note affected, and on this note they will "break" while singing. This trouble is due entirely to muscular fatigue from overwork of the laryngeal muscles. We

frequently find professional solo-singers giving a history of two, three, and sometimes six months' duration of the trouble. When the certain note or notes become "raspy" these alone remain so, all others in the singing compass being normal by reason of the laryngeal muscles being fatigued, and refusing to place the vocal bands in certain positions to produce the given number of vibrations for the note or notes complained of. With preachers, lawyers, etc., we find they complain of a constant huskiness of the speaking voice. As the singing voice is always more easily affected than the speaking voice, it is for this reason that the singer will seek medical advice long before one who has made constant use of his voice in speaking. When examining the patient with the laryngoscope, it is necessary that we should have them vocalize, slowly and with care, the ascending chromatic scale until we find on which note or notes the trouble is visible. This examination is very often difficult to make on account of a depressed epiglottis, laryngeal spasm, etc. When we are able to get a view of the interior of the larynx under favorable circumstances, we find it normal, with the exception of a slight congestion of the ventricular bands and a somewhat discolored condition of the anterior portion of the vocal bands. As the patient in vocalizing reaches the note or notes affected, the anterior free edges of the vocal bands become congested, and indeed often livid in color, and as these notes are passed the color will fade. Sometimes we find the membrane of the ventricular bands to be somewhat dry in character, and the patient will complain of coughing and expelling small pellets of mucus. Seldom any other complication is noticed in these cases. At a meeting of the British Laryngological Association, Mr. Kenneth Millican, M.R.C.S., called attention to the internal use of the tincture of arnica in laryngeal fatigue. I have placed a large number of cases upon this treatment, in private as well as in hospital practice, and it has certainly given me success. Local treatment is of no service except where we find thickening or ulceration of the membrane of any portion of the larynx.

C., æt. 31, tenor voice of chorus-choir, applied to me, complaining of a lack of purity of certain notes in his singing voice, the duration of which had been a little over two months. Upon examination, I found the notes to be C-sharp and D (third space and fourth line, tenor clef). He gave a good history, never having had any trouble with his voice before; had no cough, pain, or expectoration. The laryngoscope revealed nothing save a congestion of the edge of the anterior portion of both vocal bands, and his notes were all good except the C-sharp and D, which were "raspy" and on which he "broke." I ordered him complete rest from singing, and gave three drops of the tincture of arnica in a small quantity of water three times a day. I made an examination of him every second day, but made no local application whatever. In two weeks I found his voice improved, and in three weeks found the larynx perfectly normal and the troublesome notes pure and of excellent "timbre."

K., æt. 22, alto voice, applied to me, complaining of breaking in singing when reaching the notes F and F-sharp, and that these notes were not pure. This trouble was invariably present when these notes were reached, and had made its appearance four months ago, suddenly, after singing at a concert. Her history was good, and she complained of no other trouble. The laryngoscope gave a perfect larynx, normal, except an inflamed appearance of the anterior part of the vocal bands, which were pink in color, while the edge of each at this location was of a much darker red. There was no ulceration or thickening of membrane present, but tenacious mucus coated the vocal bands, requiring them to be cleaned with absorbent cotton before examination. This mucus, the patient told me, was dislodged by expectoration in the shape of small "pellets." I ordered her complete rest from singing, gave three drops of the tincture of arnica three times a day in water, and told her to drink a lemonade, night and morning, with two raw eggs (stirred, not shaken) in each. I made use of no local treatment, and she improved in ten days, at which time I gave the tincture night and morning only. At the end of two weeks she was well, the larynx being normal in color and action, and the faulty notes having cleared. These are only two cases quoted out of many in which I have made use of this treatment, and I have found much success from it. In some persons this treatment is apt to induce an erysipelatous kind of rash; should such be the case, it is best to diminish the dose for a few days, at the end of which time it may be again increased.

111 North Sixteenth Street.

REPORT OF A CASE OF TETANUS.

By J. W. HAMER, M.D.

ON August 13, 1888, at 1.30 A.M., I was called in haste to see John L., aged 7, a stout, hearty-looking lad. I was informed by the messenger that he thought it a case of muscular cramps, and I accordingly took drugs that I could use. On examination of the patient I found the muscles rigid and the jaws partially contracted. At the outer portion of the left leg there was a punctured wound, from the boy falling against the point of a sharp stick.

The wound, which occurred nine days before the present symptoms, was discharging some, but presented no pain or redness, and had a healthy appearance. The patient had neither pain before my call nor during the manipulations employed. The pain experienced at my visit was paroxysmal and the muscles were then most rigid. On the appearance of a paroxysm, it started in foot of the injured leg, and the pain was more severe in injured leg and along spinal column than in the other parts of the body. The left foot was inverted and extended. My treatment consisted in the use of bromide potassium in fifteen grain doses every two hours preceded by a hypodermic injection, one-twelfth of a grain of sulphate of morphine. After a short rest the paroxysms again made their appearance, together with severe pain. The muscles were so rigid that, if the patient were in a reclining position, the opisthotonos would continue for a few minutes, followed by a period of rest, during which the patient would sleep, perspiring most profusely. One-twelfth grain sulphate of morphine was again given hypodermically. At midnight another injection of morphine was given and the dose of the bromide was increased to twenty grains, to be given every two hours.

On August 14th, at 8.30 A.M., Dr. F. Schill saw the case with me. We found the patient resting badly, the pulse 132, but were unable, on account of the violent nature of the paroxysms, to obtain the temperature. A hypodermic injection of one-eighth grain sulphate of morphine and one-two-hundredth grain sulphate atropine was given, and in addition to the bromine we added chloral hydrate in ten-grain doses and the fluid extract of digitalis in minim doses.

At 6 P.M. I observed the muscles of the upper extremities to be increased in rigidity, the pulse to be soft, full, and regular at 120.

August 15th, 10 A.M., pulse 120; temperature 101°: skin hot and dry to the touch. As the patient refused to take the mixture of bromine, chloral, and digitalis, the bromide of potassium and fluid extract of jasmine were substituted.

At 6.30 P.M. I found patient in the same condition as at morning visit, but he refused medicine. Being unable to procure calabar bean, I exhibited the tincture of lobelia, a teaspoonful every two hours.

August 16th, 2 A.M., summoned in haste. I observed the abdominal muscles rigid and twitching on manipulation.

The muscles of the lower extremities were sufficiently relaxed that he could sit on a chair, his feet pendent.

10 A.M. On awaking had several paroxysms, the first since 2 A.M., which were probably due to the irregular giving of the medicine after relaxation.

9 P.M. The patient's condition more unfavorable than at any time previous, deglutition being impossible.

As both the boy and his parents objected to the hypodermic method of medication, I gave an enemata of warm water with lobelia and morphine, after which inhalations of chloroform were given.

11 P.M. Dr. A. N. Wakefield was called in, and as the patient was sinking rapidly, and in tonic spasms, a hypodermic injection of sulphate of morphine and sulphate of atropine was given.

He died about two hours later.

The drugs that seemed to have the most beneficial effect in this case were morphine and the tincture of lobelia. I failed to produce any effect with the other remedies. One-twelfth grain sulphate morphine in teaspoonful doses every two hours, when the patient could swallow, after which I gave thirty minims of the tincture with the sixteenth of a grain sulphate morphine. These remedies seemed the most active in producing relaxation of the muscles.

DR. WEBSTER FOX, who was recently married in Liverpool, has returned again to his home in Philadelphia.

ABSTRACTS.

VARIATIONS IN THE NUMBERS OF BLOOD-CORPUSCLES IN MALARIA.—Prof. Kalindero, of Bucharest, has published the results of a careful study of the influence of malaria upon the blood-corpuscles. The following are the conclusions at which he arrives after more than four hundred enumerations of the globules, taken from fifteen cases:—

1. The number of corpuscles is greatly lessened in malaria.

2. The diminution in the number of globules is the more marked the older the poisoning and the more intense the symptoms.

3. The decrease affects particularly the white cells, which decrease the more as the form of the disease is the more acute, so that their normal proportion of 1 : 300 is reduced, after an access of fever, to 1 : 800 or 1 : 1000.

4. During the existence of fever, the number of red corpuscles as well as of white, but especially the latter, tends to increase. This transitory increase is the greater, the more intense the attack and the higher the temperature.

5. These changes are particularly marked during the first attacks of fever. But when anæmia is profound the number of globules tends to diminish to an almost constant ratio which appears to be no further modified by succeeding attacks.

6. When the first attacks have been suppressed before much hypertrophy of the spleen has taken place, the number of globules and their mutual relation returns to the normal. If the fever has continued for some time, the spleen is considerably enlarged and the general condition changed, the diminution in number and the relation between the two kinds of blood-corpuscles tend to become permanent.

7. No intimate relation exists between hypertrophy of the spleen and the decrease in the number of corpuscles.

8. Quinine given by the mouth, but especially by hypodermatic injections, rapidly re-establishes the normal condition. But the reduction of the volume of the spleen as well as the augmentation in the number of the corpuscles and the relation between them undergo much more variation under the use of quinine than of pilocarpin.

9. Pilocarpin does not always suppress an access of fever. In fact, it will often revive an attack which had disappeared without treatment. But, on the other hand, it rapidly reduces the volume of the spleen and the liver and re-establishes the normal proportion between the white and red corpuscles.

10. The increase in number produced by pilocarpin is more marked in case of the white than of the red corpuscles.

11. The diminution in the size of the liver and the spleen as well as the augmentation of the number of globules due to pilocarpin are transitory in the beginning and have a tendency to become permanent in direct proportion to the duration of the treatment.

12. The action produced by pilocarpin is especially remarkable after the first injections. The modifications are less appreciable, though still manifest, at a more advanced period of the treatment.

13. The increased proportion of corpuscles evidently does not result from loss of fluid, since the effects are permanent and the relation between the globules varies.

14. The increase of corpuscles is in direct proportion to the diminution in the size of the spleen and the liver.

15. Pilocarpin is therefore indicated in malaria whenever enlargement of the spleen and liver is present, whatever the general condition of the patient.

16. Pilocarpin is contra-indicated whenever atrophy of the liver co-exists with hypertrophy of the spleen.

17. Pilocarpin probably acts upon the unstriped muscular fibres of the liver and the spleen and induces diminution of volume by active contraction.—*Annales de Thérapeutique Médico-Chirurgicales*, May, 1889.

THE PRODUCTION OF CUTANEOUS ELECTRIC CURRENTS IN MAN.—This was the subject of an address by M. Tarchanoff at the meeting of the Biological Society, of Paris, June 29, 1889. The studies were made by means of a very sensitive galvanometer, together with a special device for preventing spontaneous movements. The electrodes being in position, the production of cutaneous currents was determined under the influence of the most various excitations, a call in a loud voice, a shock, etc. The psychical sensations of heat and cold suggested to the subject determined extremely delicate reactions of the galvanometer. When the left hand was in contact with the electrodes

and it was suggested to the subject that his right hand was warm and commencing to perspire no effect was observed, but when the left hand was spoken of a considerable deviation of the needle of the instrument at once occurred. Here was an electric discharge of purely psychical origin which might, to a certain extent, be compared to the discharge of a torpedo. In prosecuting these experiments it was necessary to choose regions rich in sudoriparous glands. These glands play a notable part in the production of the cutaneous currents. A person in a state of expectant attention causes the needle to oscillate incessantly. It is necessary, before beginning the experiments, to secure the utmost tranquility in the subject, in order to determine the zero of the galvanometer. Another example forcibly demonstrates the effect of mental effort. An easy act of multiplication produces no result. But if a person is asked to perform a difficult problem of the same kind, the needle is deflected in proportion to the difficulty. Muscular movements give rise to deviations which must be attributed not merely to the acts themselves, for the effect is disproportionate, but to the effort of will which they necessitate. The deviation is, in fact, greater when the subject looks at the tip of his nose than when he raises his arm, even if some degree of force be used. Fatigued persons produce no reaction. M. Tarchanoff thinks that the sudoriparous glands exercise a regulative influence upon the production of these cutaneous currents. He considers it a thermic regulation, favoring cutaneous evaporation and disassimilation in the course of cerebral acts, and dependent upon them.—*Le Progrès Médical*, July 6, 1889.

Vesical Symptoms in Children Dependent upon Vulvitis.—Dr. Alf. Pousson, of the genito-urinary department of the Bordeaux Polyclinic, has, for several years past, had his attention drawn to the functional or organic disorders of the bladder occurring in young girls suffering from inflammatory lesions of the vulva or vagina. One of his pupils, M. Berger, has lately published the history of a case of cystitis consecutive to vulvitis in a child of six years. In February, 1889, a girl of fourteen, of scrofulous antecedents and appearance, was brought to the clinic of Dr. Pousson. She had suffered for about a year with an abundant yellowish, sero-purulent discharge from the genitals. But what particularly troubled the child was the urgent desire to pass urine This symptom had been present for four or five months. She was obliged to urinate every hour or hour and a half during the day, but was seldom troubled during the night. The urine was described as turbid when passed, soon depositing a sediment and acquiring a bad odor. Micturition was not painful.

The labia majora were swollen, the labia minora were reddened, as was, also, the vestibule, particularly around the meatus urinarius. The lesser lips were exquisitely sensitive. No cystitis was present in this case.

Cod-liver oil was prescribed internally, baths were advised, and locally a borated lotion was used, together with a dusting powder of muriate of cocaine, camphor, and bismuth.—*Annales de la Polyclinique de Bordeaux*, July, 1889.

The Effects of Cold upon the Organism.—M. Ch. Féré has recently drawn attention anew to this subject. By the aid of Bloch's sphygmometer he has observed that simple exposure of the naked body to a moderate temperature is followed by a considerable rise of arterial pressure. The ingestion of a glass of cold water produces the same result. As epileptic attacks are preceded by a similar increase, he suggests that this may explain the fact that a paroxysm often succeeds a sudden chill. He has noticed that certain vascular districts escape the vaso-constrictor action of cold. The axillary sweat-glands, for instance, act very freely while the general surface exhibits the "goose-flesh" appearance.—*Le Progrès Médical*, July 13, 1889.

Nephritis as a Sequela of Whooping-Cough.—Dr. Stephano Mircoli has observed this in several instances. Of ten children, who, in 1887, suffered from pertussis, two were attacked by nephritis, and of these one succumbed. The diagnosis was confirmed by the autopsy. In 1888, of thirty-five children, nephritis developed in four, and of these two died. Necropsy was obtained in one of these cases. The microscope revealed the appearances of a violent parenchymatous nephritis. Cultures, in order to determine whether the disease was of parasitic origin, were not attempted. No trace of micro-organisms was detected under the microscope.—*Deutsch. Med. Zeitung*, July 1, 1889.

CREOLIN INJECTIONS IN DYSENTERY.—Dr. Sossowsky (*Nouv. Remèdes*) has treated sixteen cases of dysentery by means of creolin solution (½ per cent.). The quantity used was from two to three or three and a half pints, injected twice and sometimes thrice daily. No burning or abdominal pain was produced. In two cases the disease was arrested after two injections. In nine cases the bloody stools disappeared on the third day; in two on the fifth; in one on the sixth; and in one on the ninth day. None of the cases proved fatal.

The author believes that a half-per-cent. solution of creolin acts as a serviceable antiseptic. It appears to be attended with less danger than carbolized or sublimated preparations. It checks the bloody discharges without irritating the intestinal membrane. It has a better effect in cases of acute origin accompanied by abundant bloody stools than in those of insidious beginning with catarrhal stools.

He has employed the same treatment in the case of two infants, aged nine and eleven months respectively.—*La Gazette Médicale de Montréal*, July, 1889.

LARYNGO-TYPHUS.—Under this title, M. Souques describes a case in which a youth, aged eighteen years, was attacked, during the course of a severe typhoid fever, by laryngeal trouble, exclusively vocal. Death took place without tracheotomy becoming necessary. At the autopsy total necrosis of the arytenoid cartilages was discovered.—*Revue de Laryngologie, etc.*, June 15, 1889.

SENILE EPILEPSY.—This was the subject of a communication by Dr. Crocq, of Brussels, to the French Association for the Advancement of Science. The speaker described two cases in which he had secured autopsies and found the basilar artery and its branches the seat of characteristic chronic endarteritis. The tunics were considerably thickened and the calibre diminished.—*Le Progrès Médical*, August 17, 1889.

MULTIPLE CHANCRES OF THE FACE.—Braquehaye reports the following interesting case: Mad. C., æt. 24 years, six months married, applied to the polyclinic, November 2, 1888. About six weeks previously there had appeared upon the left cheek a swelling accompanied by glandular enlargements, especially upon the same side. Fifteen days later another swelling manifested itself upon the chin, a little to the left of the median line. At the end of eight days a third sore developed upon the lower lip, a little to the right of the middle line.

These three lesions were all in existence when the patient was first seen. In addition, she was losing her hair, had nocturnal cephalalgia, roseola, and laryngitis. Two weeks later the roseola and laryngitis had vanished under the sirop Gibert, but some mucous patches had appeared. By the 29th of December, however, all the lesions had been removed and the patient was placed upon a protiodide of mercury pill.

The three original lesions upon the face preceded, by about six weeks, the development of ordinary secondary manifestations; they formed prominent elevations, were attended by adenopathy and induration of the base. The author, therefore, cannot doubt that they were genuine chancres.—*Annales de la Polyclinique de Bordeaux*, July, 1889.

THE ACTUAL CAUTERY IN EPILEPSY.—At the Hospital Medical Society's session of June 28, 1889, M. Féré presented two epileptics who had been treated by the application of the hot iron to the hairy scalp. In one, the number of attacks, which had been twenty-one in 1886, was reduced to seven in 1887, while during the present year not a single one has occurred. The second patient had suffered from sixty-three paroxysms in 1886, forty-five in 1887, and but five in 1888. In other cases the spasms had been ameliorated or modified in form.—*Le Progrès Médical*, July 6, 1889.

LOCALIZATION OF ARSENIC IN THE BONES.—Apropos of M. Brouardel's recent communication upon the subject of arsenical chronic poisoning, M. Marty, at a meeting of the Academy of Medicine, July 16, 1889, read a note of M. Balland, according to which Roussin had announced, in 1863, that arsenic is deposited in the bones, taking the place of phosphorus, and being eliminated very slowly.

M. Brouardel stated that he was ignorant of these researches, as they are not mentioned in the book which M. Roussin had written in collaboration with Tardieu. Arsenic is not, however, found in all, but principally in the spongy bones.

M. Gautier declared that if arsenic could be substituted for phosphorus, the arseniate replacing the phosphates, it ought to be possible to extract the bibasic arseniate of calcium, and suggested that the attempt should be made.—*Le Progrès Médical*, July 27, 1889.

Alcoholism Produced by Anise Lotion.—At a meeting of the French Association for the Advancement of Science, August 10, 1889, M. Auguste Voisin, of Paris, described a new species of intoxication. The liquid is consumed especially by women of the lower classes. The author cited three cases which served as the basis for his study. The patients suffered from a train of grave symptoms, such as indifference, stupor, defective memory, incoherence, and dementia, which persisted about fifteen days after the disappearance of the acute alcoholic symptoms, and which disappeared very gradually. On account of this special symptomatology, M. Voisin believes that the liquid possesses a toxicity *sui generis*, and that its effects are comparable to those of chronic ether-intoxication. The lotion has been analyzed by M. Virou, pharmacist to the Salpêtrière, and the results demonstrate that the theory of M. Voisin is very probable. It contains three substances belonging to the class of ethers,—anethol, anisic acid, and anisol. It is these ethers which cause the cerebral disorders by a destructive action upon the brain cells.—*Le Progrès Médical*, August 17, 1889.

A New Use for Nitro Glycerin.—Dr. Kloman (*J. de Méd. de Lille*, 1889, 9) was giving a solution of nitro-glycerin (1 : 100) to a man sixty-two years of age, a sufferer from cardiac asthma. The patient, being exposed to cold, became covered with chilblains. He took three drops of this solution and was almost instantaneously warmed and relieved. From this fact, and on account of other physiological properties of the drug, the writer concludes that it may prove of service in threatened gangrene, senile or other.—*La Gazette Médicale de Montréal*, April, 1889.

Flames in a Hospital.—The Beaumont Medical College and Hospital, northwest corner of Walnut and Sixteenth Streets, St. Louis, Mo., has been destroyed by fire. Loss, about twenty thousand dollars. Two patients in the hospital were removed without injury.

THERAPEUTIC NOTES.

PICRIC ACID.

Picric acid has been employed with excellent results by Calvelli in the treatment of erysipelas, eczema, erythema, and lymphangioitis. He uses a solution of

℞ Acid. picric., . 1.50 grammes.
Aq. destill., . 250 "

This is applied five to ten times daily, by means of a camel's-hair brush, to the diseased portions of the skin. The favorable action in the case of erysipelas shows itself within twelve to twenty-four hours, especially in the decrease of the swelling and painfulness of the attacked portions.—Dr. Calvelli, *Gazetta degli Hospitali*, 1889; *Journal of Cutaneous and Genito-Urinary Diseases*, September.

TREATMENT OF PRURITUS SENILIS.

If pruritus senilis is not complicated with any other dermatosis, Besnier recommends the following treatment: (1) With starch-baths; (2) the itching parts are bathed every evening in water of 40°, to every litre of which is added the following solution:—

℞ Acid. carbol., . . 10 grammes.
Acetum aromat., . 500 "

Then the parts are powdered with the following:—

℞ Amylum, . . . 90 grammes.
Bismut. salicyl., . 20 "

Or,

℞ Acid. salic. subt. pulv., 20 grammes.
Amyli, . . 180 "

Through light rubbing this powder is made adherent.—Besnier, *Bull. Méd.*, No. 34; *ibid.*

SYPHILITIC ALOPECIA.

M. Besnier, at the Hospital St. Louis, advises the following treatment:—

The hair is to be worn short, a condition necessary for success. For this reason the treatment is more prolonged in women, who will not submit to the above. In the morning, after washing with soap and warm water, the following pomade may be applied:—

℞ Salicylic acid, . . 2 grammes.
Precipitated sulphur, . 12 "
Lanoline,
Vaseline, . . āā 50 "

At night, friction with the following liniment should be made with a soft brush :—

℞ Alcohol of rosemary, 100 grammes.
Tinct. of cantharides, 10 "

If the hair is naturally greasy we may use the following powder to dry it :—

℞ Acid. salicylic., . 1 gramme.
Starch, . . . 100 grammes.

—*Journal de Médicine et de Chirurgie Pratiques; The Times and Register.*

USES OF ANTIFEBRIN.

Salhi (*Corresp. f. Schweiz. Aerzte*) found antifebrin to act as a useful palliative in cases of sore throat and diphtheria; also in angina accompanied by high fever, the dose being 0 25 gm. three times daily.

ERYSIPELAS.

℞ Picric acid, . . . 3 parts.
Water, ... 500 "
Wash five or six times a day.—CALVELLI, in *Revue de Thérapeutique.*

ANGINA PECTORIS.

℞ Hydrobrom. of cocaine, . gr. x.
Alcohol, ... gtt. xv.
Distilled aqua-lauro-cerasi, . ʒvj.

Dose: Inject beneath the skin, during an attack, one-quarter or one-half of Pravaz syringeful.—*Dujardin-Beaumetz; ibid.*

In blennorrhagia, especially the chronic form, try injections that return, of glycerole with boric acid, of a saturated solution of picric acid, or of the following formula :—

℞ Creasote, ... gtt. x.
Hamamelis,
Hydrastis, . . . āā gtt. xx.
Water or water of roses, ad ʒiv.

Dilute the latter solutions so they will not burn.—BRENNAN, in *L' Union Méd. du Canad.; ibid.*

SUPPOSITORIES FOR ENDOMETRITIS.

Terrier, in *Revue de Thér. Méd.-Chirurg.*, directs :—

℞ Powdered iodoform, . . ʒiiss.
Tragacanth, . . . gr. viij.
Glycerin,
Distilled water, . . āā q. s.—M.
For 10 suppositories.

These suppositories should be made in the form of crayons, about the size of a nitrate-of-silver point, such as is used for cauterizing. Resorcin or salol may be used in place of iodoform in the formula, the same quantity being admissible. If, however, bichloride is preferred, the formula should be altered as follows :—

℞ Sublimate of mercury, . gr. viij.
Powdered chalk, . . ʒviss.
Tragacanth, . . . ʒxxiv.
Glycerin,
Water, . . . āā q. s.—M.
For 50 suppositories.

These suppositories should be placed in the cavity of the uterus after the vagina has been thoroughly washed and disinfected with sublimate solution. A tampon of iodoform-gauze may be placed in the vagina.—*Ibid.*

PROPHYLACTIC HAIR WASH.

The following hair-wash, given in the Therapeutische Monatsheft for July, 1889, is said to keep the scalp cool and the hair dry and free from oil; also to prevent dandruff, besides being a most agreeable toilet preparation :—

℞ Spirit of ether, . . fʒiss.
Tincture of benzoin, . fʒiss–fʒij.
Vaniline, . . . mj.
Heliotropine, . . . miij.
Geranium oil, . . gtt. j.

M. Sig.: For hair-wash. Keep well corked and do not expose to flame, as the mixture is highly inflammable.—*Medical News.*

TREATMENT OF DANDRUFF.

Dr. W. A. Michie writes the British Medical Journal: I beg to recommend the following lotion :—

℞ Liq. hyd. perch., . (gr. iv–ʒj) ʒiiss.
Liquor potassæ, . ʒiij.
Aq., . . ad ʒvj.

M. Fiat lotio. To be well rubbed into the scalp twice a day.

The efficacy of the remedy, which will be apparent after a few applications, is due to the yellow oxide which is thrown down. When the disease has been removed an occasional application of the lotion will prevent a recurrence, while at the same time the growth of the hair will be favored. In those disposed to pityriasis alba the use of spirituous lotions, ointments, and oily substances I believe to be highly injurious, as tending to aggravate rather than remove the disease.

TREATMENT OF BALDNESS.

Dr. E. Besnier states that the falling out of the hair may be checked and a new growth started by the following treatment. The hair should be cut short and a mild sinapism or rubefacient applied to the scalp; then every five days the following lotion is to be applied:—

℞ Acid. acetic.,
Chloroformi, . . āā q. s.—M.

The above should be used cautiously, as it is an irritant and stimulates the hair powerfully. In connection with the above the following pomade should be used:—

℞ Acid. salicylic., . . . gr. xv.
Sulph. precip., . . . ʒiss.
Vaselini, ... ʒv.—M.

This pomade should be applied fresh every morning, the scalp having been previously washed. Fatty substances retard the growth of the hair and should not be used.—*Jour. de Méd. de Paris; British Journal of Dermatology.*

AN EXCIPIENT FOR LOCAL APPLICATIONS IN DERMATOLOGY.

M. Vergely has recommended a modification of the local applications of Unna. The preparations of the latter are sometimes difficult to make, and have a granular consistency. M. Vergely avoids this difficulty and obtains a more perfect homogeneity in the following formula:—

℞ Gelatin, ... 5.0.
Glycerinæ,
Aquæ, ... āā 45.0.

This mixture is flexible, adheres to the skin, and is useful as a vehicle for powders, as calomel, oxide of zinc, red precipitate, etc.—*Journal of Cutaneous and Genito-Urinary Diseases.*

USES OF BORACIC ACID.

Dr. Lebovicz, in the *Weiner Med. Presse*, narrates the following uses to which he has put boracic acid:—

I. Boracic acid acts antiseptically. Every soldier should carry one ounce of it in his overcoat pocket, and a handkerchief cut in two triangles for necessary bandages. Simply sprinkling a wound with finely-powdered boracic acid suffices to insure rapid healing. This remedy being odorless, and itself absorbing all odors, the author has used it advantageously in abscesses, ulcers of the feet, caries, and necrosis of the bones, and in complicated fractures.

II. In anthrax and after the incision of furuncles it acts well when applied directly to the parts. Forming furuncles should be painted several times daily with the following:—

℞ Boracic acid,
Water, . . āā equal parts.

III. In burns, when the flesh is exposed, it is necessary to be careful with poisonous antiseptics. Boracic acid possesses the advantage of being non-poisonous. He covers the burnt surfaces with a boracic-vaseline ointment in the proportion of one to five:—

℞ Boracic acid (finely powdered), 20 parts.
Glycerin, ... 15 "
Mix, and add vaseline, . . 85 "
M. Sig.: Apply twice daily.

In severe burns, with fever, the author combated the fever by the internal administration of the following:—

℞ Boracic acid, . . . 4 parts.
Glycerin, . . . 10 "
Water, ... 100 "
Syrup of poppies, . . 25 "
M. Sig.: A teaspoonful every two hours.

IV. In skin diseases, such as pemphigus, eczema, rhagades, rupia, and scabies, the results obtained with boracic acid have been most favorable. The formula used was:—

℞ Boracic acid (finely powdered), 10 parts.
Glycerin, ... 20 "
Lanolin, ... 30 "

The treatment of scabies consists in first taking a warm bath and then rubbing the affected parts with boracic-vaseline salve (first one to two; later equal parts). The duration of this treatment averaged six days. In a case of granular conjunctivitis a cure was effected within forty-five days; a like result was obtained in some cases of pannus. Chronic scrofulous otitis is improved by lukewarm injections of concentrated boracic-acid solutions; the application of boracic-acid glycerin (one to ten) to stomatitis, aphthæ, or tonsillitis is followed by a curative effect.

V. For coryza:—

℞ Boracic acid (finely powdered),
Powdered coffee, . . āā equal parts.
M. Sig.: Use as a snuff.

VI. In some cases of chronic endometritis with leucorrhœa and sterility, the uterus was filled with powdered boracic acid, and then a boracic-acid tampon applied. After removing the tampon, the cavity was irrigated with a

boracic-acid solution. A cure was generally effected after a three or four months' treatment, in some cases conception following.

VII. In cystitis the bladder was washed out (in acute cases) with a three-per-cent. boracic-acid solution, and in chronic cases this treatment was followed by the internal administration of from forty-five to ninety grains of boracic acid.

CONDURANGO WINE.

Although condurango has not entirely justified the claims made for it in the treatment of cancer, the experiments made with it have demonstrated its utility as a stomachic, and in the form of condurango wine it has grown to be very much in demand, especially in Europe. One fluidounce of the wine represents sixty grains of condurango bark. Dose, one-half to one fluidounce. Parke, Davis & Co. supply the wine and also a fluid and solid extract of this drug, and will also mail, on request, a working bulletin on condurango to physicians who wish more detailed information concerning it.

ARSENITE-OF-COPPER TABLETS, 1–100 GRAIN.

An article by Dr. J. Aulde on the application of arsenite of copper in bowel affections, and especially in the diarrhœa of typhoid fever, was published in the July, 1889, Therapeutic Gazette. The results obtained by this investigation were so favorable to this remedy that Parke, Davis & Co. added to their list of tablets a 1–100 grain arsenite-of-copper tablet, which makes a convenient method of preparing the solution commended by Dr. Aulde. One tablet should be dissolved in three, four to six ounces of water, of which the dose is a teaspoonful. Reprints of Dr. Aulde's article furnished physicians by Parke, Davis & Co. on request.

PIL. SALINE CHALYBEATE TONIC (FLINT'S).

In the New York Medical Journal, May 18, 1889, Prof. Austin Flint, M.D., speaks very highly of the following formula as a tonic in Bright's disease, and also in simple anæmia, stating that he has given it in nearly every case in private practice in which a chalybeate tonic was indicated for some time past, and in only one case out of thirty-five did it fail to cause marked improvement. Professor Flint states also that in five cases of Bright's disease, of which he has notes, this formula was the only medicinal remedy employed. In all cases the tonic seemed to exert an influence on the quantity of albumen in the urine. Dr. Flint's formula is as follows:—

℞ Sodii chloridi (C. P.), . 3iij.
Potassii chloridi (C. P.), . gr. ix.
Potassii sulph. (C. P.), . gr. vj.
Potassii carb., . . gr. iij.
Sodii carb. (C. P.), . gr. xxxvj.
Magnes. carb., . . gr. iij.
Calc. phos. præcip., . 3ss.
Calc. carb., . . . gr. iij.
Ferri redacti, . . . gr. xxvij.
Ferri carb., . . . gr. iij.

M. et ft. capsulæ no. lx.

Sig.: Two capsules three times daily, after eating.

In the great majority of cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that "they could not take iron in any form" the tonic produced no unpleasant effects.

This formula is now furnished by Parke, Davis & Co. in pill form, and reprints of Dr. Flint's article from the New York Medical Journal will be sent to doctors indicating their wish for them.

SALIX NIGRA.

This remedy has been used with much success as a sexual sedative in the treatment of masturbation, excessive venery, spermatorrhœa, and ovarian disease. As a sexual sedative the fluid extract of the buds is considered the most efficient. Dose, one-quarter to one fluidrachm, not miscible with water. As a general tonic and antiperiodic the fluid extract of the bark is employed with advantage. Parke, Davis & Co. make both these extracts, and will mail to the medical profession, on demand, working bulletin giving botanical description, medicinal activity, use, and notes of cases.

PEPSINUM PURUM TABLETS, SUGAR-COATED.

These tablets are readily soluble, are without admixture of foreign substances, and will retain their activity indefinitely. Parke, Davis & Co. have given especial attention to digestive ferments and their pepsin and pancreatin products have been proven of superior activity to all others, both by elaborate comparative tests by eminent chemists and by clinical practice. These tablets furnish a very convenient form for administration of this now popular remedy.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Nov., 1889.

HIGHER MEDICAL EDUCATION.

PROFESSOR ANDERS, in his recent introductory address, alluded to the advantage of a four-year graded curriculum, which he says will have to be obligatory. Harvard Medical School is mentioned as being the only one in the country which requires a course of this duration for graduation, and our contributor believes that it will strengthen the reputation of any college adopting a similar law.

Has Harvard, however, accomplished in the way of support that return in reputation and status which should be given or that the speaker claims will follow? We answer decidedly in the negative. For years Harvard Medical School, supported by much money, has struggled along with very poor patronage from the profession, for which her teachers have made much sacrifice. The mass of practitioners have sent their students to the colleges requiring the shortest possible time for attendance, and having often the most imperfect methods of teaching. The journals have one and all been urging the importance of a three- and, even better, of a four-year graded course, year after year, but all to no purpose. The preceptors, many of whom are most loud in their appeal for higher medical education in all the societies, quietly return home and send their students to the schools asking the least requirements. Harvard and her teachers, therefore, although enjoying a great reputation, have not drawn the return which their years of patient labor and strong educational facilities should entitle them to, and if other colleges should follow their noble example, as pointed out by Professor Anders, many vacant benches in the schools will be the result. We admit that higher medical education, such as advanced by our contributor, is needed, but it is not at this time feasible. The practitioner in our busy country will not give it support. The teachers, even in the few three-year schools that exist, constantly receive letters from preceptors saying their students must get through in two years, and by advice the coming doctor of medicine is rushed off to the two-course college. Are the preceptors, however, entirely to blame for the support of loose medical teaching, as conducted in many of the two-course schools at this time? Again our answer is in the negative. Men in our large cities, who have become distinguished in their several departments, and who are recognized as able teachers and clinicians, are equally to blame for the existing state of affairs. Known as they are by practitioners in all parts of the country, their connection with this or that two-year school causes the preceptors to send on their students for a supposed proper education in medicine. Higher medical education, therefore, can not and will not receive the attention that it deserves until the teacher as well as the practitioner give it their united support. The unfortunate desire to make money through STUDENTS' FEES is perhaps the key to the whole situation, and, until amply-endowed colleges spring up, the outlook spoken of by Professor Anders is not very promising.

EYES EXAMINED FREE.

SOME TIME ago the editor called the attention of the members of the profession to a method resorted to by a manufacturer and dealer in oculists' glasses in this city, who examined and tested eyes without the required scientific knowledge that is possessed by a physician. Our criticism was published in the Medical Register, which we edited at that time, and the comments made brought forth some very strong letters from many members of the profession condemning tradesmen for testing and adjusting glasses upon those who called at their shops. The evil appears, since the time alluded to, on the increase, from a recently published letter sent out by a firm in this city, which has found its way into the columns of the Medical News. The patient is invited by this business house in a private letter to call and

have the eyes attended to at their location in a prominent street. The question which should present itself in this connection to all the members of the profession, not only oculists but physicians who recommend their patients to have their eyes examined by an expert, is how to remedy this unfortunate evil. Our answer would be that all business houses prescribing for patients, and thus deceiving those seeking advice as well as undercutting the physician, should be reported to the local medical societies, and in this manner all regular members of the profession will soon cease to give them the patronage by which they exist and make their money.

Reputable business houses will then come into existence which will cater to the wishes of the educated oculist, and the writing of letters to patients inviting them to call will never again be attempted. The tempting sign EYES EXAMINED FREE will no longer be exhibited in the shop-windows, by which people are lured into spending money which gives them poor return in the way of poor glasses, often badly adjusted on lenses placed over eyes which require the knowledge and treatment of an educated physician.

A NEW JOURNAL.

DR. I. N. LOVE, of St. Louis, Mo., who has been especially active with his pen for some years, and has written many valuable papers and editorials, we learn will soon give to the profession a journal edited by himself. We predict for the new periodical, The Medical Mirror, a most decided success, as its columns will teem with the bright, practical views of a member of the profession who has shown great originality as a writer. Good journals ably edited are scarce, and the new one will receive a hearty welcome from the many friends and admirers of the St. Louis editor.

THE LOCAL TREATMENT OF CARBUNCLE.

A DISTINGUISHED surgeon, having a very extensive experience, remarked a few days ago to a physician that he no longer resorted to the use of the knife in treating a large carbuncle. Close observation had proved to him that incision, or incisions, puncturing, scraping, and digging out the necrosed tissue in no way cut short or rapidly removed the disease. The pain and constitutional symptoms, also, were not materially benefited by the same procedure. For some time past the surgeon stated his best results had been from covering the carbuncle with the bicarbonate of sodium, and applying over the parts a suitable dressing. In the course of a few days, on removing the application named, the surface of the carbuncle would be found covered with a number of openings, out of which the pus would be oozing. The use at this period of a good poultice or a soothing ointment would generally effect the cure of the carbuncle. The pain, constitutional symptoms, and destruction of tissue by the method referred to are said to be decidedly less, and the treatment of the disease far more satisfactory.

THE REMOVAL OF SUPERFLUOUS HAIRS.

IT is now a well-known fact that the only safe and efficient agent to employ in removing superfluous hairs is electricity in the form of the galvanic current. Recently, Dr. Allen Jameson, of Glasgow, in a paper to the Practitioner, however, claims good results from the application of a solution of ethylate of sodium. The entire face, in the case referred to, was covered with a growth of hair, and the author quoted alleges that it was all removed with no scarring nor bad results. The experience of the writer, who has employed very largely the solution of ethylate of sodium, in no way coincides with that of the physician named. Ethylate of sodium is one of the most active of all caustic agents on account of its great affinity for water. It acts very deeply upon the tissues, and consequently causes more or less scarring to the part to which it is applied. It has been used by the writer in a number of cases of hairy moles and vascular growths, and the resulting cicatrices were most marked, especially upon the face. Further, the pain from the application of ethylate of sodium is very severe. The skin, after its employment, becomes covered with a black crust, which slowly separates from the healthy tissue, leaving a badly scarred surface.

MEDICAL NEWS AND MISCELLANY.

DR. F. P. HENRY has removed to 1635 Locust Street.

DR. F. D. CASTLE has removed to 1502 Walnut Street, Philadelphia.

DR. ANDREW GRAYDON has removed to 1338 Walnut Street, Philadelphia.

THE TRAINING SCHOOL FOR NURSES opened in Cooper Hospital, Camden, October 11.

PROF. H. EARNEST GOODMAN has returned from his European trip in the best of health.

QUEEN'S COLLEGE, Belfast, has decided to admit female students of medicine during the coming session.

DR. ABRAM L. SHERMAN, who was recently married, has located at 325 Ninth Street, Brooklyn, New York.

DR. MANSON estimates the number of lepers in China at from two hundred thousand to three hundred thousand.

OLIVER WENDELL HOLMES recently remarked that death bears as pleasing a face to an old man as sleep to one who is tired.

DR. C. H. TAYLOR, editor of the Medical World, has just returned from a tour through France, Switzerland, and Italy.

DR. T. GAILLARD THOMAS has resigned as Professor of Clinical Gynæcology in the College of Physicians and Surgeons, New York.

THE MARRIAGE OF A DISTINGUISHED PHYSICIAN.—Dr. E. O. Shakespear, of Philadelphia, was married on October 24th, to Miss Dollie Baird, of the same city.

DR. JOHN GUITERAS, Professor of Pathology at the University of Pennsylvania, has returned from Europe and taken a house on Spruce Street, West Philadelphia.

DEATH OF DR. PHILIPPE RICORD.—The eminent surgeon, Ricord, who was born in Baltimore, Md., died recently in Paris, at the advanced age of eighty-nine.

"DEAR," said a physician's wife as they sat in church, "there is Mrs. Goldberg sitting in a draught." "Never mind," said her husband, "I will cash that draft later on."

IT is announced that a monthly journal devoted to epidemiology is about to be established at Kiew, under the direction of "Government Medical Inspector" Dr. Ssachnowski.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—The introductory lecture to the Session of 1889–90 was delivered at noon, September 30th, by Prof. J. M. Anders, M.D.

EX-SURGEON GENERAL JOSEPH BEALE, with relative rank of Commodore, United States Navy, died last month, at his late residence, No. 2029 Arch Street, in this city, in the seventy-fifth year of his age.

DR. HIRAM CORSON, of Plymouth Meeting, celebrated his eighty-sixth birthday last month by reading a paper on the "Treatment of the Insane" before the Chester County Medical Society, in West Chester.

A SERIES OF LECTURES TO NURSES.—Dr. Steinbach has opened a series of Friday lectures to nurses at the Philadelphia Hospital. They will continue throughout the season, and begin at four o'clock in the afternoon.

A LADY in the Ladies' Home Journal offers the authority of "a lady physician of extensive practice" for the statement that spanking, from its effect upon the spine, is more injurious to the health of children than cuffing.

THE GERMAN DERMATOLOGICAL SOCIETY.—The annual meeting for 1890 will be held at Berlin with the International Medical Congress. Professor Caspari is president, Professor Neisser secretary, and Professor Lipp treasurer.

READING MEDICAL ASSOCIATION.—At a recent annual meeting, Dr. F. W. Frankhauser was elected president; Dr. Howard Reeves, vice-president; Dr. C. Kurtz, secretary; Dr. Raudenbirsh, Dr. Cleaver, censors; Dr. S. L. Kurtz, treasurer.

THE phonograph has been timed to run account in recording the seconds given by the heart and lungs under auscultation. This should be of invaluable service in consultation, as a true account of a patient's condition can be sent to a specialist at a distance.

DR. DEAVER MARRIED.—Dr. John B. Deaver, Demonstrator of Anatomy at the University of Pennsylvania, and Chief Surgeon at the German Hospital, was married some weeks ago to Miss Caroline Randall, daughter of the well-known lawyer, Edmund Randall.

HOSPITAL TRAINING SCHOOL GRADUATES.—St. Luke's Hospital Training School of Bethlehem graduated four nurses on October 18th. The exercises incident to graduation were held in the hospital. The address to the graduates was made by Dr. A. G. Gerster, of New York.

IT is reported in Paris that the Princess de Sagan has sold her famous Rembrandts to the Chicago Art Museum for forty-two thousand pounds. The portraits represent three of the physicians who are prominent figures in Rembrandt's "Anatomy," the great picture in the gallery at the Hague.

M. PASTEUR delivered an address the other day in Paris to the members of the Society of Practical Medicine, and in it declared with much emphasis that rabies is never spontaneous. The microbe producing it, he said, was invariably transmitted. This means, of course, that no dog goes mad unless he has been bitten by another mad dog, a fact at once important and reassuring.

THE AMERICAN ACADEMY OF MEDICINE.—The American Academy of Medicine is endeavoring to make as complete a list as possible of the alumni of literary colleges, in the United States and Canada, who have received the degree of M.D. All recipients of both degrees, literary and medical, are requested to forward their names at once to Dr. R. J. Dunglison, secretary, 814 N. Sixteenth Street, Philadelphia, Pa.

HOSPITAL FOR VIENNA STUDENTS.—The Association for the Care of Sick Students at Vienna has purchased a house in the Laudongasse for fifty-five thousand florins, which is to be opened in the course of the coming academic year for the reception of students suffering from illness or injury. It is now being fitted up as a private hospital with accommodation for forty patients. It is estimated that the cost of maintenance will be fifteen thousand florins a year.

DOCTOR M. ALLEN STARR will, in the November Scribner, describe the effects of electricity upon the human body. This subject is of special importance owing to the frequent reports of accidents due to contact with electric wires, to the recent adoption of electricity as a means for executing criminals, and to the extravagant claims of the curative powers of electricity in diseases. Doctor Starr will draw the line very sharply between the legitimate use of electricity and quackery.

PINO-PALMINE.—The pino-palmine beds have been used with much advantage for several years in the Philadelphia Hospital for Skin Diseases. The odor of pino-palmine is most agreeable, and the comfort experienced by patients having a weak, sensitive, irritable, and inflamed skin has been most agreeable. The most beneficial effect, however, from the bed is the non-absorptive action of the pino-palmine of which it is composed. This non-absorptive state of pino-palmine makes it of great value as a material for beds, especially in hospitals.

NEW BUILDING FOR THE POLYCLINIC.—It is the intention of the management of the Philadelphia Polyclinic College for Graduates in Medicine to erect a handsome building on Lombard Street, above Eighteenth, at a cost of fifty-five thousand dollars. The site was recently purchased from Caleb J. Milne, one of the hospital corporators, for twenty-five thousand five hundred dollars. The lot is ninety-six by one hundred and forty-three feet. The building will be four stories high, and the front will be of sandstone, heavy brick, and terra cotta. The corner-stone will be laid with Masonic ceremonies this month.

ONE of Edison's chiefs lives in Newark in a house which is all agog with wires. As one approaches the front gate it swings open and shuts automatically. The visitor's foot on the steps of the porch rings a bell in the kitchen, and also one in the master's study. By touching a button he opens the front door before the stranger has time to knock. An electrical music-box plays during dinner. When the guest retires to his bedroom the folding-bed unfolds by electricity. When he puts out the gas a strange, mocking display of skeletons, gravestones, owls, and other hideous phantasmagoria dances about on the walls, reappearing and disappearing in a ghostly, electrical glare.

THE EVIL OF BEER-DRINKING.—In appearance the beer-drinker may be the picture of health, but in reality he is most incapable of resisting disease. A slight injury, a severe cold, or a shock to the body or mind will commonly provoke acute disease, ending fatally. Compared with other inebriates who use different kinds of alcohol, he is more incurable and more generally diseased. It is our observation that beer-drinking in this country produces the very lowest kind of inebriety, closely allied to criminal insanity. The most dangerous class of ruffians in our large cities are beer-drinkers. Intellectually a stupor amounting almost to paralysis arrests the reason, changing all the higher faculties into a mere animalism, sensual, selfish, sluggish, varied only with paroxysms of anger, senseless and brutal.—*Scientific American.*

THE LATE DR. SAMUEL BENTON.—From London the sad news comes of the death of Dr. Samuel Benton, an able surgeon, who made a very good reputation and published a most excellent book upon diseases of the rectum, which we reviewed some months ago in the columns of the BULLETIN. Dr. Benton enjoyed at home a fine reputation as a surgeon, being connected with the Northwest London Hospital. He founded a hospital in London, known as the Gordon Hospital, for the treatment of piles and fistulæ, and accomplished much good work at this already rapidly-growing institution. During the meeting of the Ninth International Medical Congress Dr. Benton was one of the visitors from England, and his scholarly attainments and gentlemanly bearing gained for him many friends in the States. We learn with deep feelings of regret the death of a brother member of the profession who had such bright prospects as a young man,

and who already did such useful service to the profession he so ably represented.

How Much Should a City Pay its Health Officer?—The Michigan State Board of Health has recently published a paper by its secretary, Dr. H. B. Baker, in which he asks the question how much the average city or village can afford to pay its health officer. He answers this question in this way: Statistics which cannot be questioned prove that in those localities in Michigan where the recommendations of the State Board of Health are carried out about 80 per cent. of the deaths from diphtheria and scarlet fever are prevented by the thorough isolation of all infected persons, and the thorough disinfection of all infected persons, things, and places. Statisticians usually value a person in the prime of life as worth to the community about one thousand dollars. Dr. Baker thinks that in a village of fifteen hundred inhabitants a health officer can easily save the lives of two children and one grown person in each year, and he concludes that such a village can well afford to pay its health officer two thousand dollars for the prevention and restriction of scarlet fever, diphtheria, and typhoid fever, and make money by the transaction.

A New Law—Every Case of Typhoid Fever Should be Reported to the Health Officer.—Typhoid fever is a disease which the State Board of Health has declared to be "dangerous to the public health," and as such it comes under the law requiring physicians to report to the health officials. Any physician who shall neglect to immediately give such notice "shall forfeit for each such offense a sum not less than fifty nor more than one hundred dollars." After October 1st any householder who shall refuse or willfully neglect immediately to give such notice shall be deemed guilty of a misdemeanor, and is liable to a fine of one hundred dollars, or in default of payment thereof may be punished by imprisonment in the county jail not exceeding ninety days.

It seems important that the people generally shall understand this new law, which applies to scarlet fever, diphtheria, small-pox, and all such dangerous diseases, as well as to typhoid fever; but at this time of the year typhoid fever is usually most prevalent, and it is especially dangerous in times of drouth; therefore the safety of the people may now be greatly promoted by having every case of typhoid fever reported to the health officer, who is by law (Section 1, Act 137, Laws of 1883) required to promptly attend to the restriction of every such disease. A new law which takes effect October 1 makes it a misdemeanor punishable by fine or imprisonment for the health officer knowingly to violate that section of the law, or for any person knowingly to violate the orders of the health officer made in accordance with that section. But the actual penalties which are incurred by the violation of these laws are the death penalties to many of our people, about one thousand being lost in this State in each year from typhoid fever. The saving of a large proportion of these lives is the real reason for the effort, in which it is hoped all our people will join for the restriction of typhoid fever and other dangerous diseases.

The Continental Anglo-American Medical Society.—The first meeting of the newly-formed Continental Anglo-American Medical Society was held at Paris on September 30th, under the presidency of Sir Spencer Wells, one of the honorary presidents. Among those present were: the Hon. Alan Herbert, M.D.; Dr. Faure-Miller, Dr. Thomas Linn, and Dr. E. Warren-Bey, all of Paris; Dr. Sandwith, of Cairo; Dr. Stanley M. Rendall, of Aix-les-Bains; Dr. St. Clair Thomson, of Florence; Dr. C. E. Cormack, of Hyères, and many others. A dinner was given in the evening at the Grand Hotel, the invited guests including Dr. Worms, of the French Academy of Medicine; Dr. Schetelig, of Homberg; Dr. Madge, of London; and Dr. Dean, Dr. Loewenberg, and Dr. Landolt, of Paris; with Dr. Norris, of New York, and Dr. Rogers, of Illinois. After the usual loyal and patriotic toasts had been duly honored, "Success to the New Society" was given, to which the Hon. Alan Herbert, M.D., responded. Hitherto he said he had often found it a matter of extreme difficulty to meet physicians practicing at the different health resorts, but the annual meeting of this Society would afford the desired opportunities. "The Health of the Chairman, Sir Spencer Wells," was then proposed by Dr. Faure-Miller, and after a felicitous reply Dr. Duprez gave the "Invited Guests." In acknowledging the compliment, Dr. Worms remarked that the success of the Society was assured, as it was in the nature of things that his English and American colleagues should advance hand in hand along the broad road of science; but he could also say that in Paris no obstacle would ever be placed in the way of the English and American doctors practicing, or intending to practice, not only among their own, but among French people as well. For many of the members of the Society he had long entertained feelings of sincere friendship, and he would particularly mention Sir Spencer Wells, whom he had known for thirty years, and whose name was one of the most popular in France. His election to the French Academy was a proof of this, and he might add that Sir Spencer Wells had rendered immense services to French surgery,—services for which the deepest gratitude was felt. The final toast was that of "Dr. Thomas Linn, the Honorary Secretary," who had labored so energeti-

cally for the formation of the Society. The Society already numbers about seventy-five members.— *The British Medical Journal.*

STIMULANTS AND DELICACIES ANTERIOR TO THE NINETEENTH CENTURY. — Dr. Edward Sterne Sharpe, of Salem, N. J., in a paper read before the Salem County Historical Society, September 3d, spoke as follows of stimulants and delicacies :—

It is also noteworthy that the prices of the various "nibs" of punch sold at the taverns according to law were fixed, not so much by the quantity or quality of the liquor contained therein, as by the kind of sugar used in their concoction, those made with the double-refined product being the highest in value, single-refined next, and last as well as least in worth the Muscovado brown. Now, why this saccharine preeminence? We know that in some parts of the Orient, certainly in Persia, the quantity of sugar in the tea that is offered to a guest is the criterion of his rank, the higher the latter the greater the number of lumps of cut-loaf in the cup ; but here, in the prosaic West, an excess of sweetness does not impress the average Jerseyman with sentiments akin to anything but taste, and his economic theories would be shocked by a gustatory discrimination that would enhance the cost of any admixture of alcoholic liquids he might perchance imbibe. He would, probably, rather forego the cane-juice in any and every form, and even take his toddy neat, than pay the extra charge ; and, as influence and power are recognized so differently with us, the reason for this sapid exaltation extraordinary must be sought elsewhere : therefore we can only surmise that the epicurean, exigent palates of our prudent grandfathers, which betrayed them into this, their one venial extravagance, resulted from the sweet tooth congenital (rare in our day and generation) with which their ancient jaws were armed, and for its indulgence and delectation they willingly acquiesced in the compulsory payment of the tariff of prices for these wet goods contained in the cartel imposed by the eminent jurists who then adorned the bench, regulating the tallage on the divers fluids with which they were wont to moisten their arid clay.

There was a recklessness, however, in the quantity of rum they absorbed at which we stand aghast ; only think of six ounces, nearly half a pint of this potent spirit, for a single tipple ; hard heads must have indeed preponderated then—that indispensable factor of success in the ministrations of the cotemporaneous Scotch parson, whose piety and intellectual attainments were, we read, of little consequence, unless combined with a nervous system of iron and a capacity for deep potations.

"In those early times it would have been considered a stigma in a woman to have been sitting idle when the rest were employed in knitting." A liberal hospitality pervaded all classes, and many were the delicacies provided by the good housewives for the entertainment of their expected guests. For small evening parties, instead of the ice-cream, lemonade, and pound-cake of our table, or the coffee, tea, and chocolate, the inner man and woman were regaled with plenty of good doughnuts, cheese, fine cider, and home-brewed beer, and enjoyed doubtless by matrons, maidens, and gallants there assembled as much as we do now our own less-simple refreshments, while it is not unlikely that more-tender feelings were often aroused and country weddings resulted from these frugal festivals. Beauty and grace have always proved irresistible, and our whilom native belles might compare favorably with those of any age or clime ; therefore the torch of Hymen burned as brightly when old Sixteen Hundred was expiring as it does to-day, and, with floral crown and purple vest, fragrant with roses and majoram proclaiming the advent of the God of Marriage, hearts and hands were then united with a celerity, brevity, and certainty which commends itself to our passing notice.

OHIO STATE SANITARY ASSOCIATION.—The seventh annual meeting will be held in the hall of the Young Men's Christian Association, Dayton, Ohio, November 21 and 22, 1889.

The officers are—President, D. H. Beckwith, M.D., Cleveland. Vice-Presidents, Josiah Hartzell, Esq., Canton ; Lew Slusser, M.D., Canton ; Prof. E. A. Jones, Massillon. Secretary, R. Harvey Reed, M.D., Mansfield. Treasurer, J. M. Weaver, M.D., Dayton.

Committees—Executive : Dr. J. M. Weaver, Dayton ; Dr. W. J. Conklin, Dayton ; Prof. J. J. Burns, Canton ; Dr. H. E. Beebe, Sidney ; Prof. E. T. Nelson, Delaware. Legislative : Dr. C. O. Probst, Columbus ; Dr. T. Clark Miller, Massillon ; Dr. L. C. Herrick, Columbus ; Dr. Byron Stanton, Cincinnati ; Dr. E. R. Eggleston, Mt. Vernon. Publication : Dr. R. Harvey Reed, Mansfield ; Dr. G. C. Ashmun, Cleveland ; Dr. A. H. Brundage, Xenia. Membership, Dr. John McCurdy, Youngstown ; Mr. James Allison, Cincinnati ; Dr. W. H. Cretcher, Bellefontaine ; Dr. G. A. Collamore, Toledo.

The programme will be : Thursday, November 21, 1889. First Session, 9.30 A.M., standard time. Prayer by the Rev. W. A. Hale. Reading of minutes. Reports of Committees. Miscellaneous business.

Papers : The Relations of Theologians to Sanitarians, Dr. D. J. Snyder, Scio. Sanitation *vs.* Medication, Dr. S. P. Bishop, Delta. Recent Advances in Etiological Science, Dr. E. R. Eggleston, Mt. Vernon. Sanitation in Small Villages, Dr. Austin Hutt, Waverly.

Second Session, 1 P.M., standard time. Bodily

Comfort as a Sanitary Object, Dr. G. C. Ashmun, Cleveland. Influence of Climate upon So-called Malarial Fevers, Dr. Wm. Owens, Cincinnati. The Cadaveric and Vital Alkaloids, Prof. C. C. Howard, Columbus. Will General Sanitation Ever Become Popular? Dr. John McCurdy, Youngstown.

Third Session, 6.30 P.M., standard time. Address of Welcome, Hon. A. D. Witt. Response to the Address of Welcome, Dr. R. Harvey Reed, Mansfield. Poem—Bacteria, or the Flies we Feed on and the Bugs that Kill us, Dr. W. S. Battles, Shreve. President's Address—1. The use of Pork; its relations to Scrofula and Consumption. 2. Mosaic prohibition of Pork as taught by the Scriptures, and the prejudices of most of the Ancient Nations to its use as food. 3. Description of Trichina Spiralis and their dangerous effect on the human body.—Dr. D. H. Beckwith, Cleveland. The evening programme will close with a social session, to which the ladies are especially invited.

Friday, November 22, 1889. Fourth Session, 9 A.M., standard time. Prayer by the Rev. J. P. Landis. Food as a Therapeutic Agent, Dr. H. J. Herrick, Cleveland. The Best Food for Man, Dr. J. D. Buck, Cincinnati. The Relation of Water Supply to Disease, Dr. H. J. Sharp, London. The Necessity of Uniform Rules, Regulations, Reports and Records of Local Boards of Health, Dr. F. Gunsaullis, Columbus.

Fifth Session, 1 P.M., standard time. The Sanitary Teachings of the Bible, Prof. E. T. Nelson, Delaware. The Hygiene of the Chronic Insane, Dr. J. W. Scott, Cleveland. Garbage and Night-Soil Crematories from a Financial and Practical Stand-point, Dr. George I. Garrison, Wheeling, W. Va. Election of Officers. Miscellaneous Business. Introduction of Officers-elect. Appointment of Standing Committees. Adjournment.

Headquarters at Beckel House. All persons interested in having and maintaining good health are most cordially invited to attend all the Sessions of the Association.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.—The annual meeting will be held in Nashville, Tenn., November 12, 13, and 14, 1889. The officers of the association are: President, Hunter McGuire, M.D., Richmond, Virginia. Vice-Presidents, W. O. Roberts, M.D., Louisville, Ky.; Bedford Brown, M.D., Alexandria, Virginia. Secretary, W. E. B. Davis, M.D., Birmingham, Alabama. Treasurer, Hardin P. Cochrane, M.D., Birmingham, Alabama. Judicial Council, John S. Cain, M.D., Nashville, Tennessee; W. T. Briggs, M.D., Nashville, Tennessee; J. M. Taylor, M.D., Corinth, Mississippi; De Saussure Ford, M.D., Augusta, Georgia; Virgil O. Hardon, M.D., Atlanta, Georgia. Chairman of the Committee of Arrangements, Duncan Eve, M.D., Nashville, Tennessee. The following papers are announced: The President's Annual Address, Hunter McGuire, M.D., Richmond, Va. Report of Gynæcological Work, with Especial Reference to Methods, R. B. Maury, M.D., Memphis, Tenn. Direct Herniotomy, with Cases, W. O. Roberts, M.D., Louisville, Ky. Open Abdominal Treatment, B. E. Hadra, M.D., Galveston, Texas. The Abortive Treatment of Acute Pelvic Inflammation, Virgil O. Hardon, M.D., Atlanta, Ga. The Importance of Early Treatment of Inflammatory Affections of the Uterus, Wm. C. Dabney, M.D., University of Virginia. The Relation of the Nerve System to Reparative Surgery, Thos. O. Summers, M.D., Jacksonville, Fla. Concerning the Causes of Frequent Failure of Relief of Reflex Symptoms after Trachelorrhaphy, W. F. Hyer, M.D., Meridian, Miss. Cranial Surgery, De Saussure Ford, M.D., Augusta, Ga. The Treatment of Ectopic Pregnancy, W. H. Wathen, M.D., Louisville, Ky. Laparotomy in Extra-Uterine Pregnancy, Waldo Briggs, M.D., St. Louis, Mo. Epithelioma of the Penis, with the report of a case, D. W. Yandell, M.D., Louisville, Ky. Laparotomy in Intestinal Obstruction, C. Kollock, M.D., Cheraw, S. C. An Experimental Study of Intestinal Anastomosis, John D. S. Davis, M.D., Birmingham, Ala. Operative Interference in Ascites, Hugh M. Taylor, M.D., Richmond, Va. Observations Pertaining to Pregnancy and Parturition, W. Duncan, M.D., Savannah, Ga. Puerperal Convulsions, John Herbert Claiborne, M.D, Petersburg, Va. Some Remarks upon Aneurisms, relating more especially to their Surgical Treatment, F. T. Meriwether, M.D., Asheville, N. C. Coccygodynia and its Treatment, Hunter P. Cooper, M.D., Atlanta, Ga. The Improved Cæsarean Section *versus* Craniotomy, W. D. Haggard, M.D., Nashville, Tenn. Conservative Surgery in Injuries of the Foot, J. T. Wilson, M.D., Sherman, Texas. Gunshot Fractures of the Femur, John Brownrigg, M.D., Columbus, Miss. Trophо-Neurosis as a Factor in the Phenomena of Syphilis, G. Frank Lydston, M.D., Chicago, Ill. Trophic Changes following Nerve Injury in Fractures, with Report of Two Cases, Wm. Perrin Nicolson, M.D., Atlanta, Ga. Treatment of Malignant Diseases of the Rectum, W. T. Briggs, M.D., Nashville, Tenn. Gynæcology in its Relations to Obstetrics, W. L. Robinson, M.D., Danville, Va. Observations Based upon an Experience of Seventy-five Abdominal Operations, Jos. Taber Johnson, M.D., Washington, D. C. Twenty Consecutive Cases of Abdominal Section, L. S. McMurtry, M.D., Danville, Ky. Triple Amputations, J. B. Luckie, M.D., Birmingham, Ala. The Treatment of Contracted

Bladder by Hot-Water Dilatation, I. S. Stone, M.D., Lincoln, Va. Complications Occurring in the Clinical History of Ovarian Tumors, Richard Douglas, M.D., Nashville, Tenn. What Kind of Instruments does Modern Antiseptic Surgery Demand? J. W. Long, M.D., Randleman, N. C. Intestinal Anastomotic Operations with Segmented Rubber Rings, with Some Practical Suggestions as to their Use in Other Surgical Procedures, A. V. L. Brokaw, M.D., St. Louis, Mo. Leucocythæmic Tumors as a Neoplastic Exponent of Rheumatism and their Similarity to Malignancy, with a Case, W. Locke Chew, M.D., Birmingham, Ala. What Civilization is Doing for the Human Female, A. Lapthorn Smith, M.D., Montreal, Canada. The Achievements of Modern Surgery, J. Ewing Mears, M.D., Philadelphia, Pa. The Treatment of the Pedicle in Suprapubic Hysterectomy, Wm. M. Polk, M.D., New York. Pus in the Pelvis and How to Deal with it, Joseph Price, M.D., Philadelphia, Pa.

BOOK REVIEWS.

The Popular Science Monthly for October, 1889. D. Appleton & Co.

Those papers in this issue of the Monthly which appeal especially to the physician may be enumerated, but it will be impossible to do justice to the excellent sketches in the course of a short notice. Dr. M. Allen Starr contributes a timely paper upon The Old and New Phrenology, which should receive attention at the hands of physicians, many of whom are yet unable to throw off the old notion that "bumps" may possibly mean something. True, to the anatomist, very often slight elevations of the cranium indicate that there has been a thickening of the skull, and, instead of the brain-structure being larger at that particular portion, the fact is that a corresponding depression will in all probability be found. Dr. Starr studies the matter from the scientific point of view, and it is a paper well calculated to remove the cobwebs from the minds of many who are able to read and appreciate the practical applications of scientific truths. Dr. Robson Roose contributes an interesting paper upon The Art of Prolonging Life, while Prof. Wesley Mills treats of Digestion and Related Functions.

One of the best papers is that of W. Bernhardt, on The Chemist as a Constructor, and enters into a study of the synthetic processes which have lately been brought forward, and is just such a paper as will be studied by many readers who are unable to investigate matters of this kind themselves, but who will be greatly benefited by its perusal. There are, in addition, quite a number of other papers which will be of interest to the general reader, the whole number being excellent.

Cyclopædia of the Diseases of Children. Medical and Surgical. The articles written especially for the work by American, British, and Canadian authors. Edited by John M. Keating, M.D. Vol. II. Illustrated. Philadelphia: J. B. Lippincott Company, 1889.

In August we called attention to the first volume of this very excellent work, which embraces now the most complete account written upon diseases of children. Volume II is divided into five parts, the opening portion being devoted to diseases of the skin, by such well-known writers as Hardaway, who treats of inflammations; ulcers by Inholske, birthmarks by Pilcher, and syphilitic skin affections by Atkinson. All the important diseases of the integument of children are given and reference is made to the modern way of treating the various affections. Part II, on constitutional diseases and diseases of nutrition, includes scrofulosis by Ashby, tuberculosis by Jacobi, syphilis by Post, rachitis and scurvy by Barlow, cretinism by Bury, the urinary diatheses by the late J. Milner Fothergill, and diabetes mellitus by Fowler. Part III, upon diseases of the respiratory tract, is subdivided into a consideration of diseases of the nose, pharynx, larynx, and lungs. Many of our leading specialists, as MacKenzie, of Baltimore; Delavan, Bosworth, and Jarvis, of New York; Minot and Shattuck, of Boston, and Seiler and Sajous, have contributed articles to this portion of the work. The number of well-written contributions are so many and so able that we can only allude to a very few of them. The distinguished laryngologist, Sir Morell MacKenzie, of London, who has had a very extensive experience, has given in this part of the work an account of tumors of the larynx, which he divides into benign and malignant growths. The treatment of the latter diseases is perhaps the most interesting that we could make reference to, coming from this high source to all physicians. Dr. MacKenzie divides the treatment into palliative and radical, and says the only palliative treatment is the timely performance of tracheotomy, especially if the child's respiration is at all embarrassed. "I have found," he concludes, "that this treatment is usually attended with the best results, and von Brunt records a similar experience."

Diseases of the Thyroid and Thymal Glands, by Dr. Oliver P. Rex, is an exceedingly well-written article, containing, to the physician, much material of value. The writer, in making reference to the treatment of fibroid goitre, recommends hypodermic injections of the tincture of iodine deeply into the substance of the tumor. A small amount, he adds, say a half syringeful,

should be injected at first until the effect is observed. This may be repeated about once a week, the quantity injected being regulated by the age of the patient, by the reactions, both local and systemic, and by the size of the tumor. In large bronchoceles, Dr. Rex concludes, the treatment may have to be kept up for many months. In small ones, however, he states, a few injections are sufficient to reduce the part to normality. Parts IV and V are devoted to diseases of the circulatory, hæmatopoietic, and glandular systems, and affections of the mouth, tongue, and jaws. Da Costa, Osler, J. Mitchell Bruce, Warren, Ashhurst, Darby, Roswell Park, Allchin, and J. Ford Thompson are represented in the concluding parts of this volume. The illustrations are especially good, notably those on endocarditis and diseases of the mouth and jaws. The arrangement of Volume II shows most careful editorial work by Dr. John M. Keating, who has given to the profession a cyclopædia well worthy of the great reputation he enjoys as a writer, teacher, and physician. The publishers here, also, in a complete manner, produce a book of good size, clear type, and fine paper, for the moderate price that they have placed this encyclopædia before the profession.

Ophthalmology and Ophthalmoscopy for Practitioners and Students of Medicine. By Dr. Hermann Schmidt-Rimpler, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marburg. Edited by D. B. St. John Roosa, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School, etc.; 183 woodcuts and three colored plates. New York: William Wood Co,, 56 and 58 Lafayette Place, 1889.

The authors of this most complete work are to be congratulated on its success, as three editions have already appeared since October, 1884. Professor Roosa has made some valuable additions to the volume of especial use to American practitioners in the form of notes to the original text. The American edition has also added a few illustrations, mainly from Stellwag's treatise of the English translation, which is now out of print. The work is divided into five parts, and each one is in turn subdivided into chapters. Part I opens with remarks on examination and treatment of the eyes. Here the student and practitioner is most carefully instructed in the use of the various instruments, especially the keratoscope. The general treatment of diseases of the eye, which follows, is not only simply and well described, but is most interesting reading matter for the general practitioner. In Chapters II and III the reader is taught the errors of refraction and accommodation, as well as amblyopia and amaurosis. Part II treats of the ophthalmoscope, and the author dwells upon the appearance of the healthy eye by the use of the instrument. Diseases of the optic nerve, retina, choroid, and vitreous body are to be found in the succeeding chapters. Glaucoma, diseases of the lens, conjunctiva, cornea, sclera, iris, and ciliary body appear in Part III. The concluding portion of the volume is in Part IV, relating to diseases of the ocular muscles, orbit, eyelids, and lachrymal organs. The entire work is well written and is admirably edited. It is one of the most progressive contributions to this important department of medicine. A most practical description is given at the end of the book upon diseases of the lachrymal tube, which will prove of value to very many practitioners. The author states upon this subject that when the passage is very narrow, and constantly exhibits a tendency to close despite persistent probing, and particularly when caries is present, it is better to abstain entirely from the introduction of the probe,—very good advice to give very often. We should, he continues, content ourselves with the treatment of the blennorrhœa, by injections of an antiseptic solution (4-per-cent. solution of boracic acid) or astringents. Among the latter he advises a 1-per-cent. solution of sulphate of zinc.

Wood's Medical and Surgical Monographs. Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest Literature of Foreign Countries, with all illustrations, etc. William Wood & Co., Medical Publishers, 56 and 58 Lafayette Place, New York.

The September and October numbers of this most excellent series contains several useful contributions from some of the prominent writers of the day.

Congestive neurasthenia, or nerve depression, is treated by Dr. E. G. Whittle. Dr. Benjamin Ward Richardson, the well-known English writer, has in the September volume an article of much interest to all scientific men upon the art of embalming. The formula of a number of preservative fluids are given, we are glad to add, in the English weights and measures, so the mass of American physicians can comprehend them. The etiology, diagnosis, and treatment of tuberculosis follows, by Dr. H. von Ziemssen. This eminent writer, in his contribution, discusses in the following manner some of the late vaunted remedies for tuberculosis: "I can say nothing from personal experience concerning the therapeutic value of inhalations of nitrogen,—Bergeon's gaseous enemata of carbonic acid and sulphuretted hydrogen. I fear that both methods, like so many other remedies for phthisis, will soon be forgotten." A very interesting contribution on psycho-therapeutics, or treatment by hypnotism, by Dr. C. Lloyd Tuckey, and one on sexual activity and

the critical period in man and woman, by Dr. Louis De Séré, with an index and contents, conclude the September number.

Lectures on Bright's Disease. By ROBERT SAUNBY, M.D., Edinburgh. Fifty illustrations. New York: E. B. Treat, 771 Broadway, 1889.

Dr. Robert Saunby has given the profession a book of much value in the volume before us. The contents are divided into three sections, Section 1 being on the general pathology of albuminuria, Section 2 upon a clinical examination of the urine, and Section 3 on Bright's disease. In the concluding part of this valuable book the author gives some most useful advice as to the climatic and hygienic treatment. Diet, also, comes in for a large consideration, the author wisely saying, "By every means endeavor to keep up the patient's general health and nutrition."

The publisher has produced a well-arranged volume, nicely printed and bound, and another good addition to their valuable series of works which we have called the attention of our readers to from time to time.

The Story of the Bacteria and their Relations to Health and Disease. By F. MITCHELL PRUDDEN, M.D. New York and London: G. P. Putnam's Sons, 1889.

Dr. Prudden has written one of the best accounts of bacteria for the beginner yet placed before the profession in this little book. Bacteria are defined, and their action upon surgical diseases, consumption, typhoid, and scarlet fevers, Asiatic cholera, diphtheria, and pneumonia. Impure food, air, water, and ice are pointed out as being sources of bacterial infection and diseases. The story of the bacteria is so well expressed in this little book and the description so graphic as to be most interesting to all students of medicine.

Nervous Syphilis. By H. C. Wood, M.D. The Physicians' Leisure Library: George S. Davis, Publisher, Detroit, Michigan.

The author speaks of his subject under four chapters, as follow: Etiology, the brain and its membranes, spinal syphilis, and the peripheral nerves.

In referring to the treatment of syphilis of the brain, Dr. Wood says: "To my thinking, the decision whether iodides or mercurials should be employed ought to rest upon the symptoms of the individual case rather than upon the stage of the disorder." This little book is quite an addition to the Physicians' Leisure Library, which already contains many volumes of much service to all physicians.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. O. Pfutsch. Washington, D.C., Government Printing Office, 1889.

Dr. John S. Billings has finished another volume of the Index-Catalogue which contains much information. Vol. X includes 7658 author-titles, representing 2905 volumes and 7282 pamphlets. It likewise has 14,265 subject-titles of separate books and pamphlets and 29,421 titles of articles in periodicals.

The literature of American medicine has been greatly enriched by the additions of each volume of the Index-Catalogue. Authors and teachers find it a most valuable guide and book of reference very often in the consideration of many subjects on which they are compelled to devote much time. The appearance of this volume is an honor to Dr. Billings and the profession which he has represented.

The Nervo-Vascular System. Arranged by W. Henry Price and S. Potts Eagleton. Examined and approved by John B. Deaver, M.D., Demonstrator of Anatomy in University of Pennsylvania. Published by F. A. Davis, Philadelphia.

In a complete and scientific manner, under this title, is arranged in three beautiful charts, namely,—"The Nerves," "The Arteries," "The Veins,"—all of fundamental importance connected with the study of the veins, arteries, and nerves respectively.

The efficacy of such charts consists in their brevity, conciseness, and their conformance with the latest discoveries as to the anatomy and physiology of their contents; these things are well set forth in this series.

Transactions of the Minnesota State Medical Society. 1889. H. M. Smith Printing Co., St. Paul.

These transactions are well published in a neat little volume, containing a number of well-written papers and interesting reports, among which is an essay by Thomas McDavitt, M.D., upon acne.

He calls attention, and justly so, to the importance and prevalence of this disease, especially accompanying youth, and states under the head of treatment, what is so often neglected in treating skin and other local troubles, that it "should be both local and constitutional;" thus recognizing that acne is often a local manifestation of general states of the system, as well as a separate disease.

Original Investigations of Cattle Diseases in Nebraska. 1886–1888. By Frank S. Billings, while director of the Patho-Biological Laboratory of the State University of Nebraska. State Journal Co., Printers, Lincoln, 1889.

This work is of decided value to the pathologist as well as to the general practitioner. The subject is treated in a comprehensive, scholarly manner, and one may trace, from the knowledge of the diseases of cattle, much that pertains to

human disease. The tendency of modern medicine being prophylactic, and many diseases being directly or indirectly attributed to cattle, among which, many think, is tuberculosis; therefore, as the knowledge and treatment of cattle diseases are better known and understood, much light will be thrown upon human therapeutics, both preventive and remedial.

Transactions of the Texas State Medical Association. Twenty-first Annual Session, held at San Antonio, Texas, April, 1889. Eugene von Boeckmann, Austin, 1889.

Many interesting reports are made and well put together, comprising a neat volume of over three hundred pages, among which, in the section on pathology, is an account of two cases of leprosy in which the non-contagious nature of the disease is advocated. But one important fact is overlooked—that leprosy sometimes appears after an interval of from five to twenty years, and that those with whom the lepers may come in contact may develop the disease in future years. The best authority upon the subject holds that leprosy is contagious.

Eleventh Annual Report of the State Board of Health of the State of Rhode Island, for the year ending December 31, 1888, and including the report upon the registration of births, marriages, and deaths in 1887. E. L. Freeman & Son, Providence, 1889.

This report is full, both in volume and information, being well arranged and indexed, and is valuable as to the statistics relating to the registration of births, marriages, and deaths in 1887.

CURRENT MEDICAL LITERATURE

Pathology and Treatment of Alopecia Areata. By A. R. Robinson, M.B., L.R.C.P. and S. (Edin.), Professor of Dermatology at the New York Polyclinic, Professor of Histology and Pathological Anatomy and Dermatology at the Woman's Medical College of the New York Infirmary, Member of the American Dermatological Association and of the New York Dermatological Society, and President of the Section for Dermatology and Syphilography of the Ninth International Medical Congress, Washington, 1887, etc. Reprinted from the Transactions of the Ninth International Medical Congress, Vol. IV.

A Year's Experience with Apostoli's Method, with Reports of Cases. By A. Lapthorn Smith, B.A., M.D., Lecturer on Gynæcology, Bishop's College, Montreal; Surgeon to the Women's Hospital. Reprinted from American Journal of Obstetrics for August, 1889.

The Hydro-Therapeutic Treatment of Typhoid Fever. By G. C. Smythe, A.M., M.D., Greencastle, Indiana.

The Duties and the Compensation of the Local Health Officer. By Henry B. Baker, M.D., Secretary of the State Board of Health, Lansing, Michigan.

Seventh Annual Report of the Provincial Board of Health of Ontario for the year 1888. Printed by order of the Legislative Assembly.

Recent Advances in the Diagnosis and Treatment of some Diseases of the Stomach. By L. Wolff, M.D., Physician to the German Hospital of Philadelphia, Demonstrator of Chemistry in the Jefferson Medical College, etc.

First Annual Report of the Health Department of the City of Mansfield, Ohio, for the year commencing March 1, 1888, and ending February 28, 1889. By R. Harvey Reed, M.D., Health Officer.

Reformation in the Practice of Medicine by the Dosimetric Method of Practice, or, the Method of Small Doses of the Active Principles of Plants, Mathematically Measured and Scientifically Adapted to the Varied Abnormal Conditions. With Biographical Sketch of Dr. Ad. Burggraeve. By J. E. MacNeill, M.D.

Retrospection of the Medical Society of New Jersey, with Some Suggestions as to its Improvement. President's Address before the Medical Society of New Jersey, at Asbury Park, June 18 and 19, 1889. By H. Genet Taylor, A.M., M.D., Camden, N. J. Extracted from the Transactions of the Medical Society of New Jersey.

On the Healing of Aseptic Bone Cavities by Implantation of Antiseptic Decalcified Bone. By N. Senn, M.D., Ph.D., Attending Surgeon to the Milwaukee Hospital, Professor of the Principles of Surgery and Surgical Pathology in the Rush Medical College, Chicago, Ill.

A Few Observations on the Etiology, Prognosis, and Cure of Incipient Cataract without Operative Interference. By A. R. Baker, M.D., Cleveland, Ohio. From Transactions of Ohio State Medical Society, 1889.

The Pennsylvania State College Agricultural Experiment Station. Bulletin No. 8, July, 1889.

Detroit College of Medicine, cor. St. Antoine, Catherine, Mullet Streets and Gratiot Avenue, Detroit, Mich. Announcement for Session of 1889–90.

Proceedings of the Society for the Study of Inebriety. August, 1889.

Experience and Incidents of Six Hundred and Ninety-one Obstetrical Cases. Presentations and Mode of Delivery. By Dr. N. Guhman, M.D. Read before the St. Louis Medical Society.

New York Post-Graduate Medical School and Hospital. Incorporated by the Legislature of the State of New York. Eighth Annual Announcement, Sessions of 1889–90.

The Management of Pulmonary Phthisis, by Karl von Ruck, B.S., M.D., Member of the American Climatological Association, Member of the American Medical Association, etc., Director of the Winyah Sanitarium for Diseases of the Throat and Lungs, Asheville, N. C.

Styrone: A Consideration of its Value as an Antiseptic. Copaiba in Surgery. By H. H. A. Beach, M.D., Visiting Surgeon to the Massachusetts General Hospital. Reprinted from the Boston Medical and Surgical Journal of August 1 and 8, 1889.

The Central University of Kentucky. Medical Department. Hospital College of Medicine, Louisville, Kentucky. Circular for Session 1890, with List of Graduates from 1874 to 1889, inclusive.

Fibromes Utérins leur Traitement Par L'Electrolyse (Méthode Apostoli) et leur Elimination Fréquente Sous-Muqueuse Par L'Action de L'Electricité. Par le Docteur la Torre (de Rome), Membre Correspondant de la Société Obstétricale et Gynécologique de Paris et de la Société Française d'Hygiène. Extrait, revu et augmenté, des Archives de Tocologie. Décembre, 1888, Janvier et Février, 1889.

Du Traitement des Fibromes Utérins, Par la (Methode d'Apostoli l'Electrolyse Utérine). Avec Une Lettre-Préface du Dr. Apostoli. Par le Dr. Delétang (de Nantes), chargé du Service d'Electrothérapie des Hôpitaux de Nantes.

Thirtieth Annual Announcement and Catalogue of the Hahnemann Medical College and Hospital of Chicago, Illinois, 1889–90.

Western Reserve University Medical Department, Cleveland, Ohio. Annual Announcement, Session 1889–90.

Annual Announcement and Catalogue of the College of Physicians and Surgeons, Baltimore, Md., 1887 and 1888.

Twenty-ninth Annual Announcement of the Bellevue Hospital Medical College, foot of East Twenty-sixth Street, New York City, 1889 and 1890, with the list of graduates for 1889.

Seventeenth Annual Announcement of the Physio-Medical College of Indiana, 28½ Indiana Ave., Indianapolis. Session of 1889 and 1890.

Cases of Poisoning by Japanese Lacquer, by Administration of Homœopathic Pellets labeled "Rhus," and by the Cashew-Nut — Anacardium Occidentale. By D. W. Prentiss, M.D., Washington, D.C., Professor of Materia Medica and Therapeutics, Medical Department, Columbian University, District of Columbia. Reprinted from the Therapeutic Gazette, July 15, 1889.

The Central University of Kentucky. Dental Department. Louisville College of Dentistry, Louisville, Ky. Session IV, 1890.

Cases of Ocular Paralysis. By Alvin A. Hubbell, M.D., Professor of Diseases of the Eye, Ear, and Throat in the Medical Department of Niagara University, Buffalo, N. Y. Reprinted from the Buffalo Medical and Surgical Journal, September, 1889.

The Annual Report of the Department for the Insane of the Pennsylvania Hospital for the year ending April 22, 1889. Presented to the 138th Annual Meeting of the Managers of the Pennsylvania Hospital.

Report upon Tuberculosis and its Prevalence Among the Neat Cattle of Rhode Island. Printed by order of the General Assembly.

The Pennsylvania State College Agricultural Experiment Station. Bulletin No. 7. April, 1889.

Seventeenth Annual Announcement and Catalogue of the Boston University School of Medicine, July, 1889.

Catalogue for Session 1888–89, and Announcement for Session 1889–90, of the University of Pennsylvania. One Hundred and Twenty-fourth Annual Session. Department of Medicine.

Seventy-second Annual Report of the Managers of Friends' Asylum for the Insane. Established, 1813. Incorporated, 1888. Published by direction of the Corporation, March, 1889.

The Question of Relationship between Lichen Planus (Wilson) and Lichen Ruber (Hebra). By A. R. Robinson, M.B., L.R.C.P., and S. (Edin.), Professor of Dermatology in the New York Polyclinic, Professor of Dermatology and Pathology in the Woman's Medical College of the New York Infirmary, Member of the American Dermatological Association, etc. Reprinted from the Journal of Cutaneous and Genito-Urinary Diseases, for January, February, and March, 1889.

Moral Imbecility. Two Papers read before the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons. By Dr. Isaac N. Kerlin, of Elwyn, Pa, and Hon. John M. Broomall, of Media, Pa. Lakeville, 1887.

Announcement for 1890 of the University of Wooster, Cleveland, Ohio. Medical Department.

The Proceedings of the Sixth Annual Meeting of the Ohio State Sanitary Association, held at Canton, November 14 and 15, 1888. Reprinted from the Annals of Hygiene.

Proceedings and Addresses at a Sanitary Convention held at Hastings, Michigan, December 3 and 4, 1888, under the direction of a Committee of the State Board of Health and a Committee of Citizens of Hastings. Supplement to the Report of the Michigan State Board of Health for the year 1889.

COMMERCIAL NEWS.

Use Disinfectants Now.

TYPHOID FEVER AND DIPHTHERIA ARE ALREADY GETTING A FOOTHOLD.

The fatal mistake, that because the weather is cold out-doors the use of disinfectants in-doors may be dispensed with, costs thousands of lives every year. The sewers and house-drain pipes do not freeze up, neither do the disease-producing germs.

Household disinfection, always of great importance, becomes doubly so during cold weather, as at this season—with the windows and doors closed—the poisonous gases from the sewers are drawn directly into the warm rooms, and there do their deadly work. The fact that scarlet fever, typhoid and malarial fevers, diphtheria, small-pox, measles, etc., all rage fiercest in cold weather is ample proof of this.

For all the purposes of household disinfection Platt's Chlorides is especially prepared, and long experience has proven it amply worthy. It being an odorless liquid, its frequent employment is not attended with any inconvenience or annoyance, while it is always ready for use,—simply needs diluting with water before sprinkling about. Its power, virtue, and reliability are attested by many thousands of physicians and hundreds of thousands of careful householders.

Look to the drains, closets, waste-pipes, and cellars now. Disinfect them and keep them disinfected by frequently using a little of this powerful solution, and do all in your power to keep disease from your home.

Index to Advertisements.

A classified index of advertisements appearing in the Medical Bulletin will be found on page 27 of the current issue.

Suppressed Menstruation.

J. E. Prichard, M.D., Baltimore, Md., says: The Aletris Cordial I think a most excellent remedy, and have used it in ten cases of suppressed menstruation, in all of which with the best results. Among my patients were four unmarried women; one, aged twenty years, had her menstruation arrested six months when she came under my care. She was swollen and suffered considerable pain at each monthly period, but she had no show of any catamenial discharge. I placed her on Aletris Cordial, teaspoonful doses, three times a day. She continued it for seven days, when she menstruated. I ordered her to commence again five days before her expected time to menstruate, which she has done. She is now regular and suffers no pain. Have also used it in cases of vaginal leucorrhœa with a happy result. In cases of hysteria, which we sometimes find complicated with leucorrhœa, I have combined it with Celerina.

℞ Aletris Cordial, . . 4 ounces.
Celerina, . . . 4 ounces.

M. Sig.: Teaspoonful every three hours for one day, then the next would give it four to five hours.

I am happy to say that it has not failed to give relief in all cases in which I have prescribed it.

For index to advertisements, see advertising page 27.

Dr. A. Haupt says in his last article about Bad Soden in the Taunus: Chronic catarrh of the throat and simple chronic catarrh of the larynx are effectively treated by the Soden Mineral Waters, both by drinking the weaker springs and by gargles and inhalations. Among the large number of patients treated successfully I never once found it necessary to employ other medicines in place of our Mineral Water. If the catarrhs are complicated with constipation in the abdominal organs, as it frequently happens, the stronger waters are used with excellent results.

A Fine Opportunity.

Physician wanted to take the practice (twenty years' standing) of a lately deceased physician yielding an income of three to five thousand dollars per annum. An unusual opportunity. Best of references required as to character and ability. Single man preferred, with at least seven or eight years' experience. Location not fifty miles from Philadelphia. Address, PHYSICIAN,
Care of "Medical Bulletin,"
1231 Filbert St., Philadelphia.